

4800214546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEL 10, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Hogan
Name of Person

TM Cash Flow Real Estate Management
Firm/Company

529 Mimosas Ct
Address

Bridenton, FL 34212
City/State and Zip Code

wealthteamglobal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd McNally at 615 839 0204
Michelle Hogan at 941 348 0699
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WEP 10 LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sept 10th 2018 and assigned Florida document number L18000214546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TM Cash Flow Real Estate Management, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

529 Mimosa Ct.
Bradenton, FL 34212
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CLERK OF CIRCUIT COURT
FLORIDA
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TOOD McNALLY
Michelle Hagan

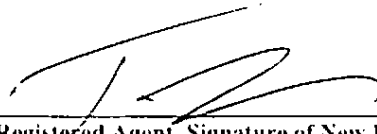
New Registered Office Address:

529 Mimosa Ct.
Enter Florida street address

Bradenton, Florida 34212
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bill Powers	8681 Majestic Elm Ct.	<input type="checkbox"/> Add
		Lakewood Ranch, FL 34202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TM Companies, LLC	529 Mimosa Ct.	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jerry Coggin	529 M. miosa Ct.	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad Coggin	529 M. miosa Ct.	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 13th 2018

Signature of a member or authorized representative of a member

Todd McNelly
Typed or printed name of signee