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COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	TM Cash P	You Real Bstate No nited Liability Company	Managements, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Division of Corporations I No. C. A. D. H. J. B. A. M. J.			
		Firm/Company	
		Address	
	E-mail address: (City/State and Zip Code a 1 th t Ca mg/0ha/a to be used for future annual report notif	9 ma; /. wm
For further information of			
	,		
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regist	ration Section	Registration Section	n

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address

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

_. Florida _

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		Jara XV	Add
			🗆 Remove
		·A-+	Change
		Nelissa the Hally	Add
			□ Remove
			Change
MGR_	Tara Russell	529 M. musa Ct Bradentin FL 34212)X Add
		Bradentin FL 34212	Remove
			Change
MGR	Mclissa McNalle	1 529 Mimuse Cf	
	/	1 529 Mimuse Ct Bradenten /F1 34215	2_□ Remove
		·	Change
			ىب Add
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Note: If th	ate, if other than the date of filing:	.0207 ed as
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of
	h day after the record is filed.	
Dated	October 17th 2018	
	Signature of a member or authorized representative of a member	
	Signature of amember of authorized representative of a member	

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Filing Fee: \$25.00