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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TM Cash Flow Deal Estate Manage ment 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:
M, Welle Hogan Name of Person
Im Real Estate
529 M. Augu Ct. Address
Bradentin De 34212 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Name of Person at (941) 348-0199 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy tadditional copy is enclosed} \Bigcup \text{S60.00 Filing Fee. Certified Copy tadditional copy is enclosed} \Bigcup \text{Certified Copy tadditional 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

FILED

O.	
(Name of the Limited Liability Compar (A Florida Limited L	What E Chart Wayner and LLC was it now appears on our records. WALL MIASSEE, FI
The Articles of Organization for this Limited Liability Company	were filed on $10/19/20/6$ and assigned
Florida document number 1 18000314544.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name	(
Enter new principal offices address, if applicable:	529 Minosa Ct
(Principal office address MUST BE A STREET ADDRESS)	Brudentin, Fl 34212
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	529 Minus Ct. Bredenten, Fl 342/2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Michelle Hogan
New Registered Office Address: 52	Enter Florida street address
	Brudents. Florida 34212 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 at 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

Title Name Address Type of Action

Mol Derry (aggs 529 M. mass Ct. Add

Brodentin, Fl. 34212 De Remove

Chad (aggin 529 Miness (t. Add

Brodentin, Fl. 34212 De Remove

Change

Mol Melissa Melly 529 M. mass Ct. Add

Brodentin, Fl. 34212 De Remove

Change

Change

Change

MGR	Millissa MeNally	529 M. mosa Ct	
	l	529 M. mosa Ct Brudenton, FL 34212	🌠 Remove
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Note:	ive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	M. M. H. Signature of a member or authorized representative of a member
	M. hell His
	M. chelle Hogan

Page 3 of 3

Filing Fee: \$25.00