## L05000109070

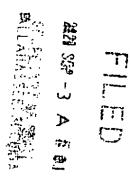
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (B                      | usiness Entity Nar | ne)         |
| (D                      | ocument Number)    |             |
| ·                       | ĺ                  |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Registration So<br>Division of Cor |   |   |  |  |  |
|--|---|---|--|--|--|
| 0 - 145 - 221 - 2222                   | y Group LLC                                     |   |  |  |  |
| SUBJECT:                               | Name of Limi                                    | ted Liability Company   |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |  |
| Please return all correspondent        | ondence concerning this matter                  | to the following:   |  |  |  |
|  | Christopher D Kawcak                            |   |  |  |  |
|  |   | Name of Person  |  |  |  |
|  | CDK Group LLC                                   |   |  |  |  |
|  |   | Firm/Company  |  |  |  |
|  | 6009 44th Court East                            |   |  |  |  |
|  |   | Address   | <del>-</del>   |  |  |
|  | Bradenton, Florida 34203                        |   |  |  |  |
|  |   | City/State and Zip Code   |  |  |  |
|  | cdk19802020@yahoo.com                           | to be used for future annual report no                              | titiontion)  |  |  |
| For further information                | concerning this matter, please c                |   | meaton   |  |  |
| Chris Kawcak                           |   | 941 704-6714<br>at ()   |  |  |  |
| Name                                   | of Person                                       | Area Code Dayti   | me Telephone Number  |  |  |
| Enclosed is a check for                | the following amount:                           |   |  |  |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>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 Addre<br>Registration          | Section   | Street Address:<br>Registration S                                   |  |  |  |
|  | Corporations                                    | Division of Co<br>The Centre of                                     |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   |   | 2415 N. Monroe Street, Suite 810   |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDK Realty Group 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 11/09/2012 and assigned Florida document number L05000109070 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CDK Group 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) 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: 1) Name of New Registered Agent: New Registered Office Address: Enter Florida street address (3) Fleride

## 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.

Cirv

Zip Code

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>        | Address                  | Type of Action |
|--------------|--------------------|--------------------------|----------------|
| AMBR         | Kathy Renee Kawcak | 6009 44th Court East     | <b>≣</b> Add   |
|              |                    | Bradenton, Florida 34203 | □Remove        |
|              |                    |                          | □ Change       |
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| an effecti<br><u>Vote:</u> If t | date, if other than<br>ve date is listed, the date<br>the date inserted in thi<br>'s effective date on th | must be specific s block does no | and cannot be pro | ior to date of filing<br>licable statutory | or more than 90 days | optional)<br>after filing.) Pursuant to<br>, this date will not be | 605.0207<br>listed as |
| record sp                       | pecifies a delayed effe   | ctive date, but 1                | not an effective  | time, at 12:01 a                           | .m. on the earlier o | f: (b) The 90th day a  | ifter the             |
|                                 | 8/31  |                                  | . 202             | <u>o</u> .                                 |                      |  |                       |
| ated                            | <del>-9/-1</del>  |                                  |                   |  |                      |  |                       |
| ated                            | - <del>0/-</del> 2/   | 1                                | Sin               | 1  |                      |  |                       |
| ated                            |   | Signature of                     | a member or au    | thorized represents                        | ative of a member    |  |                       |

Filing Fee: \$25.00