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COVER LETTER

TO:

TO: Registration S Division of Co			
CHD WATE		GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CHRISTOPHER D. KAW	CAK	
	A	Name of Person	ŗ,
	CDK GROUP LLC		#5.0
		Firm/Company	
	6009 44TH COURT EAST	r	
		Address	
	BRADENTON FLORIDA	34203	; = ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	CDK19802020@YAHOO.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please co	all:	
CHRIS KAWCAK		941 704-6714 at ()	
Name	of Person	Area Code Daytime Teleph	one 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32301	ssee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CI	DK GROUP LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	11/10/2005	and assigned
Florida document number 1.05000109070			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company her	<u>'e</u> ;	
SUNSHINE STATE CONDOS LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			·
Principal office address MUST BE A STREET ADDRE.	SS)		5.1
		•	
Enter new mailing address, if applicable:			•.
Mailing address MAY BE A POST OFFICE BOX)			•
3. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our re	cords, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:	. <u> </u>		
	Enter Flori	da street address	
		, Florida _	
	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>	Address	Type of Action
			Remove
			□Add
			☐Remove
			<u></u>
			Change
			□Add
			□Remove
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ctive date, if other than the date of filing effective date is listed, the date must be specific and of	cannot be prior to	date of filing or more		r filing.) Pursuant to 605
e: If the date inserted in this block does not moment's effective date on the Department of St.		e statutory filing re	quirements, thi	s date will not be liste
cord specifies a delayed effective date, but not a	an effective time	e, at 12:01 a.m. on t	he earlier of: (1) The 90th day after
Thett.				
April 15th	2021			
V				
	- ,			
Signature of a m	ember or authoriz	ted representative of a	i member	