

L14 0000008954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 JUL 25 PM 4:38

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UK  
7/21/21

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** SWFL REAL ESTATE SERVICES, 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:

CHRISTINA KALKMANN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1616 W. CAPE CORAL PKWY SUITE 102 #319

\_\_\_\_\_  
Address

CAPE CORAL FLORIDA 33914

\_\_\_\_\_  
City/State and Zip Code

C.KALKMANN@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINA KALKMANN

239 699-1462  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUN 25 PM 1:00

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

SWFL REAL ESTATE SERVICES, 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 01/16/2014 and assigned  
Florida document number L14000008954.

This amendment is submitted to amend the following:

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

CK REALTY TEAM, 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)

5926 SW 1ST AVE

CAPE CORAL FLORIDA 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1616 W. CAPE CORAL PKYW, SUITE 102 #319

CAPE CORAL FLORIDA 33914

**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:

1616 W. CAPE CORAL PKYW, SUITE 102 #319

*Enter Florida street address*

CAPE CORAL


*City*

Florida 33914

*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	CHRISTINA KALKMANN	1616 W. CAPE CORAL PKYW, SUITE 102 #319	<input type="checkbox"/> Add
		CAPE CORAL FLORIDA 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CARSTEN KALKMANN	1616 W. CAPE CORAL PKYW, SUITE 102 #319	<input type="checkbox"/> Add
		CAPE CORAL FLORIDA 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

UNCLASSIFIED

(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)

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.



Typed or printed name of signee

**Filing Fee: \$25.00**