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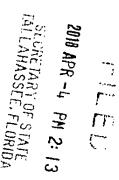
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COVER LETTER .

	Registration Sec Division of Corp			
	CD GROUP	MANAGEMENT, LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
•		Rick W. Sadorf, Esq.		
			Name of Person	
		Cook Sadorf Law		
			Firm/Company	
		1744 N. Belcher Road, Sui	te 150	
			Address	
		Clearwater, FL 33765		
			City/State and Zip Code	
		rick@cooksadorf.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Rick W.	Sadorf, Esq.		727 726-1514 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CD GROUP MANAGEMENT, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000014175	mpany were filed on January 16, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
BECG MANAGEMENT, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		2018 APR
(Mailing address MAY BE A POST OFFICE BOX)		SEN F C
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	red office address on our records, <u>ente</u> es here:	PFS No. C. Septite name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Typed or printed name of signee

Filing Fee: \$25.00