

L220000030354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

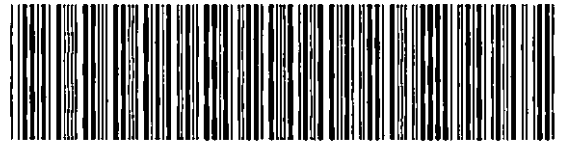
(Business Entity Name)

(Document Number)

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12/27/23 KH

2023 DEC 11 PM 12:29
FEB 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations
CDK A1, LLC

SUBJECT: _____
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:

Kathryn Shaw

Name of Person

CDK A1, LLC

Firm/Company

1128 3rd St N

Address

St Petersburg, FL 33701

City/State and Zip Code

kathryn@westfloridainvest.com

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

For further information concerning this matter, please call:

Kathryn Shaw

727

793-7721

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

2003 DEC 11 PM 12:28
FILED

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

CDK AI, 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 1/14/2022 and assigned
Florida document number L22000030354.

This amendment is submitted to amend the following:

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

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

Title	Name	Address	Type of Action
AMBR	SHAW, DAVID T	1128 3RD ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUNT, CLARK	202 S PARKER ST #218	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHAW, KATHRYN J	1128 3RD ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CDK ASSET HOLDINGS, LLC	50 8TH AVE SW, #1923	<input checked="" type="checkbox"/> Add
		LARGO, FL 33779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CH12
8/1/11

2007.11.15

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DECEMBER 6 2023

Dated _____, _____

KATHRYN SHAW, AUTHORIZED MEMBER CDK ASSET HOLDINGS, LLC

Typed or printed name of signee