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S. Brown
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12/11/23--01033--014 ++25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| 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 A2, 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 Name of Person Enclosed is a check for the following amount: Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) | CDK A2, L | LC | | | | |
|---|---|----------------------------------|------------------------|---|--|--|
| Please return all correspondence concerning this matter to the following: Kathryn Shaw | SUBJECT: | Name of Lim | ited Liability Company | | | |
| Please return all correspondence concerning this matter to the following: Kathryn Shaw | | | | | | |
| Name of Person CDK A2, 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 (| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Name of Person CDK A2, 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 (| Please return all correspo | ondence concerning this matter | to the following: | | | |
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| 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 | | | | |
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| 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 (| | kathryn@westfloridainvest | | | | |
| Kathryn Shaw 727 793-7721 at (| | | | otification) | | |
| at (| For further information of | concerning this matter, please c | all: | | | |
| Enclosed is a check for the following amount: ### \$25.00 Filing Fee | Kathryn Shaw | | 727 793-7721 | | | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} & \text{Certificate of Status & Certified Copy} \$\text{Certified Copy}\$ | Name of Person | | at () | ime Telephone Number | | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} & \text{Certificate of Status & Certified Copy} \$\text{Certified Copy}\$ | | | | | | |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy | Enclosed is a check for t | he following amount: | | | | |
| | ■ \$25.00 Filing Fee | - | Certified Copy | Certificate of Status & Certified Copy | | |
| Mailing Address: Street Address: | | | | | | |
| | Registration Section Division of Corporations | | ~ | Registration Section Division of Corporations | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CDK A2, LLC | | |
|--|---|-------------------------|
| (<u>Name of the Limited Lial</u> (A Flor | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| he Articles of Organization for this Limited Liability lorida document number | y Company were filed on | and assigned |
| his amendment is submitted to amend the following | : | |
| If amending name, enter the new name of the li | imited liability company here: | |
| he new name must be distinguishable and contain the words "l | Limited Liability Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| | | |
| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| If amending the registered agent and/or registe gent and/or the new registered office address here | | ame of the new regist |
| 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------------|--------------------------|-----------------|
| AMBR | SHAW, DAVID T | 1128 3RD ST N | |
| | | ST PETERSBURG, FL 33701 | |
| | | STPETERSBURG, FL33701 | ≣ Remove |
| | | | □Change |
| AMBR | LUNT, CLARK | 202 S PARKER ST #218 | |
| | | | □Add |
| | | TAMPA, FL 33606 | - |
| | | | Remove |
| | | | Change |
| AMBR | SHAW, KATHRYN J | 1128 3RD ST N | _ |
| | | ST PETERSBURG, FL 33701 | □ Add |
| | | ST PETERSBORG, PESSIVI | ■Remove |
| | | | |
| | CINY ASSETTION DIMER LLC | 50 8TH AVE SW, #1923 | □Change |
| AMBR | CDK ASSET HOLDINGS, LLC | 30 81 II AY E 3 W, #1743 | = A dd |
| | | LARGO, FL 33779 | |
| | | | Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(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. 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. **DECEMBER 6** 2023 Dated ______, Signature of a member or authorized representative of a member

KATHRYN SHAW, AUTHORIZED MEMBER CDK ASSET HOLDINGS, LLC

Typed or printed name of signee