

L220000037765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

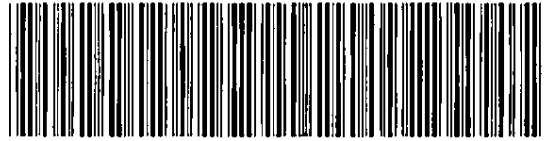
(Business Entity Name)

(Document Number)

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10/24/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CDK A3 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:

KATHRYN SHAW  
Name of Person

Firm/Company

1128 3<sup>rd</sup> 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 at (727) 793 7721  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2023 OCT 24 AM 9:13  
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TALLAHASSEE, FL  
F-11-170

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

CDK A3, 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 1/14/22 and assigned  
Florida document number L22000037765.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID T. SPAW	1128 3 <sup>rd</sup> ST N	<input type="checkbox"/> Add
		St Petersburg FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLARK LUNT	202 S PARKER ST # 218	<input type="checkbox"/> Add
		TAMPA FL 33606.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATHRYN SPAW	1128 3 <sup>rd</sup> 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 8 <sup>th</sup> AVE SW	<input checked="" type="checkbox"/> Add
		# 1923	<input type="checkbox"/> Remove
		LARGO FL 33779	<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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SECRETARY OF THE ARMY  
WASHINGTON, D. C. 20315

(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.

Dated 10/19/2023

Signature of a member or authorized representative of a member

KATHRYN SHAW, CKD ASSETHOLDINGS LLC  
Typed or printed name of signer