

L23000074072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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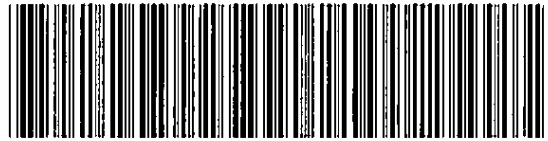
(Business Entity Name)

(Document Number)

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2023 OCT 24 AM 9:13

10/24/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: " CDK FL, 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

128 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)

2023 OCT 24 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

CDK AL 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 2/9/23 and assigned
Florida document number L23 000074072

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 SHAW	1128 3 rd St N	<input type="checkbox"/> Add
		St. Petersburg FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLARK LUNT	202 S PARKES ST #218	<input type="checkbox"/> Add
		Tampa FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATHRYN SHAW	1128 3 rd 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 th 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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TALLAHASSEE, FL

2023 OCT 24 AM 9:13
SECRETARY OF DEFENSE
TALLAHASSEE, FL

2023 OCT 24 AM 9:13
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(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.

Signature of a member or authorized representative of a member

KATHRYN SHAW, CDK ASSET HOLDINGS LLC
Typed or printed name of signee