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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporation | ons<br>-                                   | •   |   |
|---|--|---|---|
| SUBJECT: Caliba                                     | er Manage                                  | ment Group LL ted Liability Company                                 | C   |
|   | Name of Limi                               | ted Liability Company   |   |
|   |  |   |   |
| The enclosed Articles of Amend                      | Iment and fee(s) are sub-                  | nitted for filing.  |   |
| Please return all correspondence                    | concerning this matter t                   | to the following:   |   |
|   | Katherin                                   | e Stan al<br>Name of Person   | ·   |
|   | Caliber                                    | Management<br>Firm/Company  | Group 3   |
|   | 1415 50+6                                  | C   | :   |
|   | 1-113 30141                                | Address   |   |
|   | Vero Bea                                   | Ch FL 32960<br>City/State and Zip Code                              | <u>o</u>  |
|   | KStancil E-mail address: (1                | o be used for future annual report not                              | tgroup. Com   |
| For further information concern                     | ing this matter, please ca                 | II;   |   |
| Katherine S<br>Name of Person                       | tancil                                     | at ( <u>172</u> ) <u>538</u><br>Area Code Daytim                    | - 2566<br>e Telephone Number  |
| Enclosed is a check for the follo                   | wing amount:                               |   |   |
| \$25.00 Filing Fee □ \$                             | 30.00 Filing Fee &<br>Cenificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:                                    |  | Street Address:   |   |
| Registration Section                                |  | Registration Sec  |   |
| Division of Corpora<br>P.O. Box 6327                | ations                                     | Division of Cor<br>The Centre of T                                  | -   |
| Tallahassee, FL 323                                 | 314  |   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit   | ted Liability Cŏmn: | ment Gro<br>any as it now appears o<br>Liability Company) | n our records)             |                                       |
|--|---------------------|---|----------------------------|---------------------------------------|
| The Articles of Organization for this Limited I.  Florida document number                  | iability Company    | , ,   | 114/2017                   | and assigned                          |
| This amendment is submitted to amend the following   | owing:              |   |                            |                                       |
| A. If amending name, enter the new name o  | f the limited liab  | oility company here                                       | :                          |                                       |
| The new name must be distinguishable and contain the w                                     | vords "Limited Liab | ility Company," the desig                                 | gnation "LLC" or the ab    | obreviation "L.L.C,"                  |
| Enter new principal offices address, if applic   | able:               |   |                            |                                       |
| (Principal office address MUST BE A STREE  | <u>T ADDRESS)</u>   |   |                            | 2197                                  |
|  |                     | <del></del>   | <u>.</u>                   | · · · · · · · · · · · · · · · · · · · |
|  |                     |   |                            | , <del>=</del>                        |
| Enter new mailing address, if applicable:  |                     | <del></del>   |                            | <u> </u>                              |
| (Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>         |   |                            | <u> </u>                              |
|  |                     |   |                            | <u></u>                               |
|  |                     |   |                            | <br>                                  |
| B. If amending the registered agent and/or ragent and/or the new registered office address | •                   | address on our reco                                       | ords, <u>enter the nam</u> | e of the new registere                |
| Name of New Registered Agent:  | Kathi               | erine Star  | ncil                       |                                       |
| New Registered Office Address:   |                     | Soth Ct.  |                            |                                       |
|  | Veno B              | cach  | Florida                    | 32966<br>Zip Code                     |
| N  |                     | · ···   |                            | -n <sub>I</sub> - week                |

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>      | Address              | Type of Action       |
|--------------|------------------|----------------------|----------------------|
| AMBR         | Stephanic Wilson | 640 45th Ct. SW      | □Add                 |
|              |                  | Vero Beach, FL 32968 | <b>&amp;</b> lRemove |
|              |                  |                      | □Change              |
| AMBR         | Jason Wilson     | 755 27th Ave SW. Ste | 10 MAdd              |
|              |                  | Ven Beach, FL 32968  | □Remove              |
|              |                  |                      | □Change              |
|              |                  |                      | □Add                 |
|              |                  |                      | Remove               |
|              |                  |                      | □Change              |
|              |                  |                      |                      |
|              |                  |                      | □Change              |
|              |                  |                      | □Add                 |
|              |                  |                      | Петюче               |
|              |                  |                      | □Change              |
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| ective date, if other than the date of filing effective date is listed, the date must be specific and te: If the date inserted in this block does not manner are effective date on the Department of St | cannot be prior to c<br>ect the applicable | date of filing or mo<br>e statutory filing | (option of than 90 days after requirements, this | filing.) Pursuant to                    | 5 605,020<br>c listed a |
| cord specifies a delayed effective date, but not a sfiled.  | in effective time                          | e, at 12:01 a.m. o                         | n the earlier of: (b                             | ) The 90th day                          | after the               |
| ed 1014 21  | 2022                                       | ·  |  |   |                         |