

L18000163274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

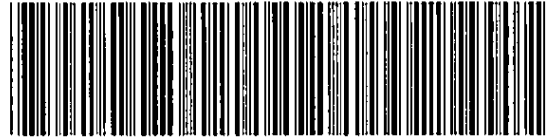
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CORPORATION DIVISION

RECEIVED
08/07/04

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/09/2024

Acc#I20160000072

eric DW

Name:	Caliber Car Wash Ocala, LLC
Document #:	
Order #:	15809460

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

STATE OF FLORIDA
TALLAHASSEE, FL
AUG 9 2024 AM 8:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caliber Car Wash Ocala, 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:

Pamela Uran
Name of Person

c/o Fredrikson & Byron, P.A.
Firm/Company

60 South 6th Street, Suite 1500
Address

Minneapolis, MN 55402
City/State and Zip Code

kreid@calibercarwash.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

2007-09-03 AM 8:55

For further information concerning this matter, please call:

Pamela Uran at (612) 492-7731
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input 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
215 N. Florida Avenue, Tallahassee, FL 32301

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

Caliber Car Wash Ocala, 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 7/5/2018 and assigned Florida document number L18000163274.

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

Stephanie Hencz

Stephanie Hencz Assistant Secretary

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>
	William McCall	3625 Cumberland Boulevard	<input type="checkbox"/> Add
		Suite 1150	<input checked="" type="checkbox"/> Remove
		Atlanta, GA 30339	<input type="checkbox"/> Change
	Daniel York	3625 Cumberland Boulevard	<input type="checkbox"/> Add
		Suite 1150	<input checked="" type="checkbox"/> Remove
		Atlanta, GA 30339	<input type="checkbox"/> Change
MGR	Shawn Lucht	3625 Cumberland Boulevard	<input checked="" type="checkbox"/> Add
		Suite 1150	<input type="checkbox"/> Remove
		Atlanta, GA 30339	<input type="checkbox"/> Change
MGR	Karen Reid	3625 Cumberland Boulevard	<input checked="" type="checkbox"/> Add
		Suite 1150	<input type="checkbox"/> Remove
		Atlanta, GA 30339	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2009 APR 9 AM 8:55
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TAMPA, FL

