

L20000300987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

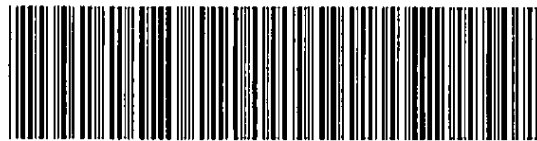
(Document Number)

Certified Copies _____

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STATE
CLERK, FL

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CLERK, FL

R. HUNT

08/09/24

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

Date: 08/09/2024
Acc#I20160000072

en: c DW

| | |
|-------------|-------------------------------|
| Name: | Caliber Car Wash Palatka, 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: | |

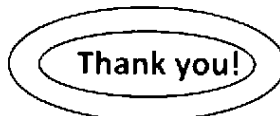
| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

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

Amount: \$ **25.00**



STATE OF FLORIDA
TALLAHASSEE, FL
AUG 9 2024 AM 8:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caliber Car Wash Palatka, 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)

For further information concerning this matter, please call:

Pamela Uran

612 492-7731
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 210
Tallahassee, FL 32309

2003-09-09 AM 8:51
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

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

Caliber Car Wash Palatka, 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 9/28/2020 and assigned Florida document number L20000300987.

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

Florida

33324

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.

Stephanie Homan

Stephanie Homan, 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 type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 1000 BANKERS BUILDING
 TALLAHASSEE, FL 32399-0001
 904-237-5000
 FAX 904-237-5001
 WWW.FLORIDADEPTOFREVENUE.COM
 10/10/2010 10:51 AM

2025 JUN 9 AM 8:51
FLORIDA STATE
CLASSICAL FL

2005-09-09 AM 8:51
FLORIDA STATE
CLASSICAL

(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.

Karen A. Reil
Signature of a member or authorized representative of a member

Typed or printed name of signee