

L21000476979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

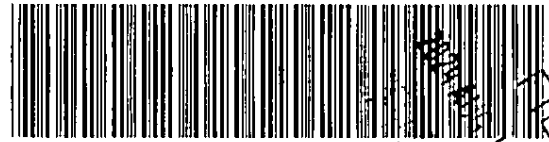
(Document Number)

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FILED RECEIVED  
2024 AUG 12 AM 10:02  
2024 AUG 12 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Date:** 08/12/2024

Acc#I20160000072

*en: c DW*

Name:	Caliber Indian Harbour Operating Company, LLC
Document #:	
Order #:	15809460

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **25.00**

Thank you!

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

FILED

2024 AUG 12 AM 10:02

Caliber Indian Harbour Operating Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

NOTED FOR STATE  
CLERK'S OFFICE

The Articles of Organization for this Limited Liability Company were filed on 11/3/2021 and assigned  
Florida document number L21000476979.

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 Hencz, Assistant Secretary

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>
	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
			<input type="checkbox"/> Change

