

L22000124215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

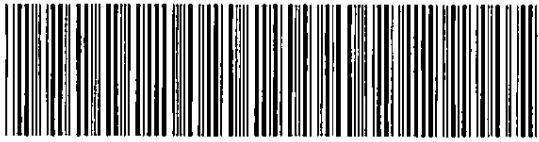
(Business Entity Name)

(Document Number)

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FILED  
2024 AUG 12 AM 9:48  
RECEIVED  
2024 AUG 12 AM 10:30  
STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
TOLSON BLDG  
JACKSON, MISSISSIPPI 39201

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

**Date:** 08/12/2024

Acc#I20160000072

*eric DW*

Name:	Caliber Lecanto Op Co, 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:

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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caliber Lecanto Op Co. 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  
\_\_\_\_\_  
Name of Person at ( ) 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 810  
Tallahassee, FL 32303

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

FILED

2024 AUG 12 AM 9:48

Caliber Lecanto Op Co. LLC

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

STATE OF FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 3/11/2022 and assigned Florida document number L22000124275.

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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 9, 2024



Signature of a member or authorized representative of a member

Karen Reid

Typed or printed name of signee