10/12/23, 4:47 PM

Division of Corporations

Florida Department of State

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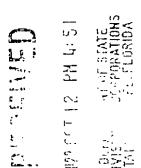
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALIBER HOLDINGS LLC



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K. SALY

UU 13 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	ars on the records of the Florida Department of	
State: CALIBER HOLDINGS LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited l	liability company is: M21000006058	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 05/	/14/2021	
SECTION II (5-9 complete only the applicable		
 New name of the limited liability company:	ist contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopte topy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate naC." or "LLC.")	i une
 If amending the registered agent and/or registe egistered agent and/or the new registered office: 	ered officer address on our records, enter the name of the new address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
the provisions of all statutes relative to the prope and accept the obligations of my position as regis	ent and agree to act in this capacity, I further agree to comply ver and complete performance of my duties, and I am familiar wit stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limit	th

Fitle/ Capacity	Name	<u>Address</u> <u>Ty</u>	ype of Action	
Member	Judd Nystrom	2941 Lake Vista Dr	⊠Add	
		Lewisville, Texas 75067	_ []Remove	
Member	Gregory Nichols	2941 Lake Vista D:	₩Add	
		Lewisville, Texas 75067	⊒Remove	
			□Add	
			□Remove	
			Add	
			Remove	
<u>_</u>		:	== E= □Add	
aforemention	certificate, if required: no more the ed amendment(s), duly authentica nder the law of which this entity is	ted by the official having custody of records in the	[]Remove	
	Signatu	urg of the authorized representative		
	GREGORY M. N.CH	8, SECRETARY/CAO		

Filing Fee: \$25.00