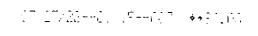
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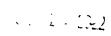
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2022 JUL 25 AH 7: OF



COVER LETTER

Div	ision of Corpo	orations	•	•
CHDIECT.	KJR MOBILI	E DETAILING AND PRESS	ure washer llc	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please returr	all correspond	lence concerning this matter t	to the following:	
		JEAN ROSIER		
			Name of Person	
		KJR OWNER		
			Firm/Company	
		3673 WELLINGTON LAN	NE	
			Address	
		BARTOW FL 33830		
			City/State and Zip Code	
		jeannot12.jr13@gmail.com	o be used for future annual report notifi-	
For further is	nformation con	ncerning this matter, please ca	·	Carony
JEAN ROSI	ER		509 2809082	
	Name of I	'erson	Area Code Daytime	Telephone Number
		following amount		
\$25.00 I	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

FigD

KJR MOBILE DETAILING AND PRESSURE WASHER LLC

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

2022 JUL 25 AM 7: 00

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KAREN DOLY ROSIER	36773 wellington lane bartow fl 33830	
			□Remove
			□ Remove
- 		 -	□ Add
			□Remove
			□ Change
			🗆 Add
		-	□Remove
			□ Change
			🗆 Add
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			□ Change

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etive	date, if other tha	n the date of fil	ina:			_ (optional)	
effecti	ve date is listed, the da	ate must be specific a	and cannot be pri-			lays after filing.) P	
	he date inserted in t 's effective date on				filing requirem	ents, this date wi	ll not be listed as
ord s	pecifies a delayed et	ffective date: but r	not an effective	time at 12:01 a	m on the earli	er of: (b) The S	Oth day after the
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07 ed <u> </u>	20/2022		<u>.</u>				
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		ean	GK	asier			
		Signature of	a member or aut	horized represent	ative of a membe	Ţ	