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(((H23000214884 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITAL PRO SERVICES, LLC

Account Number : I20220000008 : (772)249-5273 Phone Fax Number : (772)254-6100

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 AR MOBILE MACHINE & PRESSURE CLEAN LLC

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Corporate Filing Menu

T. LEMIEUX Help 17 2023 TO:

Registration Section

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COVER LETTER

Division of Corp	orations		
	JAR PROD	UCTS, LLC	·
SUBJECT:	Name of Limite	d Liability Company	
ra	imendment and fec(s) are subm	itted for filing.	
	•		
Please return all correspon	dence concerning this matter to	the following:	
		AUSTIN CHIDESTER	
		Nunte of Person	
	J,	AR PRODUCTS, LLC	
		Firm/Company	. u
	3.4	7 NW BAYSHORE BLVD	
		Address	
	ro!	RT ST LUCIE, FL 34983	
٠.		City/State and Zip Code	a angula di angula di angula di gangula di gangula di angula di an
	jaŋ	roductsfl@gmail.com	
	E-mail address: (to	o be used for future annual report notifi	(gnen)
For further information co	oncerning this matter, please ca	II:	
AUSTIN CH	HDESTER	402 699-5508	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 tadditional copy is enclosed.
•			
		Street Address:	

Mailing Address: Registration Section · Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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		ESSURE CLEAN L				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny ay it now appears hability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number <u>L21000481271</u>	ability Company			an	d assign	ed .
This amendment is submitted to amend the follo	•	·	`.			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :			
LAB DECOULTS LLC						<u></u>
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de-	signation "LLC" or	the abbreviati	on "L.L.C	• ••
Enter new principal offices address, if applic		AUSTIN B. CHIDESTER				
(Principal office address MUST BE A STREE		247 KW, DANGHADE DI 7/17				
(Principal office aggress frost by ASTRIA	77117121123337					
		-				
Enter new mailing address, if applicable:		347 NW BAYSHORE BLVD				
		PORT ST LUCIE, FL 34983				
(Mailing address MAY BE A POST OFFICE	BOA)					
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our re	ecords, <u>enter the</u>	name of th	ne new 1	registe
·					_	•
Name of New Registered Agent:	·					
New Registered Office Address:	347 NW BAYSHORE BLVD				5.25	C.2
them registered control reducing.		Enter Flor	ida street address	1,75	άċ	
	PORT ST LU	CIE	Flori	da 34983		
		. Chy		Ziq	(ode	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JOLENE RADIK	347 NW BAYSHORE BLVD	⊊Add
		PORT ST LUCIE, FL 34983	
	•		□Remove
			[☐Change
· ,			DAdd
			□Remove
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Iffective date, if other than the fine effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	YOU THICS HAT HIGGE THE HISTORY		(optional) e than 90 days after filing.) Putsy requirements, this date will n	ant to 695.0207 of be listed as
record specifies a delayed effective d is filed.	e date, but not an effective t	ime, at 12:01 a.m. oi	the earlier of: (h) The 90th	day after the
JUNE 14 Dated	. 2023	·	·	
/		_		<u>.</u>
<u></u>	Signature of a member or aud	norized representative of	La member	