

L160001136609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

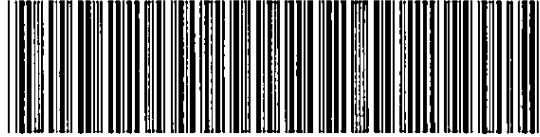
(Business Entity Name)

(Document Number)

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NOV 07 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GARDEN OF EDEN TERMITE AND PEST CONTROL 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:

GISCAR EDEN LOHIER

Name of Person

GARDEN OF EDEN TERMITE AND PEST CONTROL LLC

Firm/Company

2010 SE COLFAX CT

Address

PORT SAINT LUCIE FL 34952

City/State and Zip Code

EDENLOHIER@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISCAR EDEN LOHIER

772

577-8696

at ( )

Name of Person

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
OCT 24 2018

2018 OCT 24 PM 3:26

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

GARDEN OF EDEN TERMITE AND PEST CONTROL

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

The Articles of Organization for this Limited Liability Company were filed on 06/13/2016 and assigned  
Florida document number L16000113669.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GARDEN OF EDEN PEST CONTROL LLC

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

GISCAR EDEN LOHIER

New Registered Office Address:

2010 SE COLFAX CT

Enter Florida street address

PORT SAINT LUCIE

Florida 34952

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.*

  
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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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 2010 OCT 24 PM 3:36  
 FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE

I AM CHANGING THE NAME DUE TO MY TERMITE LICENSE

2010 OCT 24 PM 3: 55  
FBI LABORATORY

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2018 OCT 24 PM 3:35  
FBI - TAMPA

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

**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.

Dated OCTOBER 10TH 2018

Signature of a member or authorized representative of a member

Giscar Eden Lohier

Typed or printed name of signee