

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(only otates zight from my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor		·			
end irz		OF EDEN TRANSPORT				
SUBJEC	<u> </u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		KARL ETILIEN				
			Name of Person			
			Firm/Company	 		
		553 ROBIN HILL CIRCL	E			
		Address				
		BRANDON, FL 33510				
	City/State and Zip Code karletilien@yahoo.com					
		•••	to be used for future annual report no	ntification)		
For furth	ner information c	oncerning this matter, please c				
KARL I	ETILIEN		727 288-1897			
	Name o	t Person	Area Code Dayti	me Telephone Number		
Enclosed	d is a check for th	he following amount:				
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address:	tion		
	Registration S Division of C		Registration S Division of Co			
	P.O. Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDEN OF EDEN TRANSPOR	RT.		
		npany as it now appears on our records ed Liability Company)	<u></u>)
The Articles of Organization for this Limited I Florida document number £23000409279		iny were filed on 08/31/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
GARDEN OF EDEN TRANSPORT LLC			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<u>. </u>
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		ce address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		atha.	44.
		, F10	rida 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 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>	Name	Address	Type of Action
	N/A		\ _Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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			∏ Change

GARDEN OF EDEN TRANS	PORT UPDATE TO GARDEN OF EDEN TRANSPORT LLC.
 	
	Maria de la companya della companya della companya della companya de la companya della companya
•	
ffective date, if other than the o	date of filing:(optional)
Vote: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ack does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the De	partment of State's records.
and a languistic of the state of the state of	edate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
l is filed.	reade, but not an effective time, at 12.01 a.m. on the earner of (b). The 90th day after t
SKWEMBER 20	2023
NOVEMBER 30	· ··
	\boldsymbol{a}

Filing Fee: \$25.00

Typed or printed name of signee