

L16000 161529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/13/16--01000--004 **25.00

FILED
2016 SEP 12 AM 10:41
TALLAHASSEE, FLORIDA

FILED
16 SEP 26 PM 4:30
TALLAHASSEE, FLORIDA

SEP 29 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

ALEXANDRIA CAMPBELL
211 CIRCLE W
JUPITER, FL 33458 US

SUBJECT: ATYPICAL PERMITTING SERVICES, LLC
Ref. Number: L16000161529

2016 SEP 26 PM 4:54
TALLAHASSEE, FLORIDA

We have received your document for ATYPICAL PERMITTING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 216A00019899

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atypical Permitting Services, 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:

Alexandria J Campbell
Name of Person

Atypical Permitting Services LLC
Firm/Company

211 circle W
Address

Jupiter FL 33458
City/State and Zip Code

atypicalpermitting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandria Campbell at (561) 914-4747
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

↓
you already have

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Atypical Permitting Services LLC

(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 8/29/16 and assigned
Florida document number L16 000161529.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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>
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MGR	Alexandria J Campbell	211 Circle W Jupiter FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-16-2010 BY 60322
16 SEP 2010 PM 3:00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEIN# 81-3714923

E. Effective date, if other than the date of filing: _____ (optional)

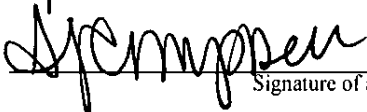
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Sept. 23rd, 2016



Signature of a member or authorized representative of a member

Alexandria J Campbell

Typed or printed name of signee