

L70 0000 11174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

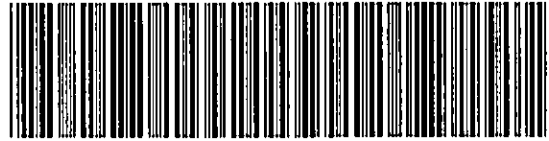
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUL -1 AM 6:50

O SIMMONS  
JUN 07 2021



RECEIVED

2021 JUN -1 AM 10:54

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STATE OF FLORIDA  
TALLAHASSEE, FL

May 20, 2021

LOLITA DASH-PITTS 2ND ATTEMPT  
PO BOX 531241  
ST PETERSBURG, FL 33711

SUBJECT: ATILOL CONSULTING SOLUTIONS, LLC  
Ref. Number: L20000011174

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

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 321A00010758



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY -5 AM 10:06

SECRET  
TALLAHASSEE, FL

April 27, 2021

LOLITA DASH-PITTS  
1124 6TH ST S  
ST PETERSBURG, FL 33711

SUBJECT: ATILOL CONSULTING SOLUTIONS, LLC  
Ref. Number: L20000011174

We have received your document for ATILOL CONSULTING SOLUTIONS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 421A00008626

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atilol Consulting Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lolita Dash-Pitts  
Name of Person

Atilol Consulting Solutions, LLC  
Firm/Company

P.O. Box 531241  
Address

St. Petersburg, FL 33747  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lolita Dash-Pitts at ( 727 ) 804-2868  
Name of Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

2022 JUL -1 AM 6:50

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Atilol Consulting Solutions, LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000011174

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The LLC was originally erroneously filed as a multi-member partnership. The correct filing of the LLC should be a single-member LLC.

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

Selita Dash-Pitts  
Signature of Authorized Representative

May 28, 2021  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**