

L24020316738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

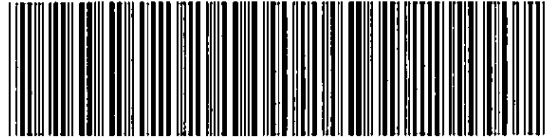
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Campbell Business Group 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:

Jaylan Campbell

Name of Person

Campbell Business Group LLC

Firm/Company

5900 SW 24th Pl, Apt 206

Address

Davie, FL 33314

City/State and Zip Code

jaylancampbell@gmail.com

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

For further information concerning this matter, please call:

Jaylan Campbell

330 957-5581

Name of Person

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2024

JAYLANN CAMPBELL  
5900 SW 24TH PLACE  
APT 206  
DAVIE, FL 33314

SUBJECT: CAMPBELL BUSINESS GROUP LLC  
Ref. Number: L24000316738

We have received your document for CAMPBELL BUSINESS GROUP 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 724A00017230

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4 \_\_\_\_\_ and assigned

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

2024 AUG 22 AM 8:03  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

FILED  
2024 AUG 22 AM 8:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 08/19/2024, \_\_\_\_\_

Taylor Campbell  
Typed or printed name of signee