

h20000058209

(Requestor's Name)

(Address)

(Address)

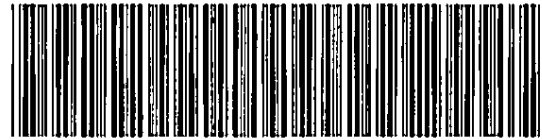
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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04/15/22--01005--011 **25.00

Special Instructions to Filing Officer:

OK to file
per
Barbara

cf 5/27/2022

Office Use Only

FILED

2022 APR 15 PM 4:44

STATE OF MISSISSIPPI
FALLS, MISSISSIPPI

cf 5/27/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTLE REHAB LENDING SPECIALIST GROUP "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:

Lesly Charles

Name of Person

Castle Rehab Specialist Group LLC

Firm/Company

4720 SW 153RD Terrace

Address

Miramar FL 33027

City/State and Zip Code

leslycharles77@yahoo.com

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

For further information concerning this matter, please call:

Lesly Charles

754

423-4703

at (

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

CR2E062 (9/15)

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

FILED

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: Castle Rehab Lending Specialist Group LLC

2022 APR 15 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L20000058209

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:

CASTLE REHAB SPECIALIST GROUP LLC

I want to make a modification in the name of the Company

OR

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

CASTLE REHAB SPECIALIST GROUP LLC

OR

- The electronic transmission of the record was defective.

Lesly Charles

Signature of Authorized Representative

4/08/2022
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.

Lesly Charles

Registered Agent's Signature

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