

L18000208347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600363228856

2021 APR -2 AM 11:40



O SIMMONS
APR 05 2021

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 4/2/2021

NAME: CASTO SNELLVILLE, LLC


TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CASTO SNELLVILLE, 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:

KIM GUZZO

Name of Person

CASTO

Firm/Company

250 CIVIC CENTER DRIVE, SUITE 500

Address

COLUMBUS, OHIO 43215

City/State and Zip Code

KGUZZO@CASTOINFO.COM

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

For further information concerning this matter, please call:

KIM GUZZO

Name of Person

at 614 227-3497

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION**

OF 2021 APR -2 AM 11:40

CASTO SNELLVILLE, 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 August 30, 2018 and assigned
Florida document number L18000208347.

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

City

Florida

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

2021 APR -2 AM 11:40

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	J. BRETT HUTCHENS	5391 LAKEWOOD RANCH BLVD	<input type="checkbox"/> Add
		SARASOTA, FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHANNON DIXON	215 E. CHATHAM STREET, SUITE 201	<input type="checkbox"/> Add
		CARY, NC 27511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASTO SOUTHEAST-CCM REA	5391 LAKEWOOD RANCH BLVD, SUITE 100	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34240	<input type="checkbox"/> Remove
		(see full name of new manager on next page)	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(FULL NAME OF NEW MANAGER IS CASTO SOUTHEAST-CCM REALTY INVESTMENTS, LLC)

2014-11-10

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 April 1, 2021

Signature of a

Signature of a member or authorized representative of a member

J. Brett Hutchens

Typed or printed name of signee

Filing Fee: \$25.00