

h20 0000 58209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

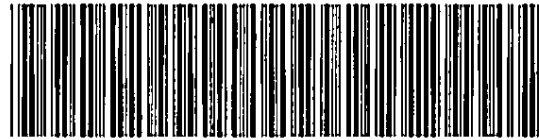
(Document Number)

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cf 5/27/2022  
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FILED  
2022 APR 15 PM 4:44  
FALLS CHURCH, VA  
CLERK OF COURT

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

**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

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)