L22000345118

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08/25/22--01006--026 **25

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: CC	Sive Correct Name of Lin	Hive LLC	
.The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
•	Tyler (Name of Person	
		Corrective Classical Final Company	·
	5317 Fru	ituille Rel STE	122
	Saraso	the FL 34232	2
	Tyler (a)	City/State and Zip Code CC-PDR. (or to be used for future annual report not	dication)
For further information c	oncerning this matter, please ca	all;	
Tyler (cos	f Person	at (<u>802)</u> <u>989</u> Area Code Daytin	- /431 ne Telephone Number
Enclosed is a check for the	ne following amount:		
≨ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

	rective LLC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 8-5-22 and assigned
Florida document number <u>L 22000 34</u>	<u>\$118</u>
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	X) SE 202
	→ CRI CRI
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new register
agent and/or the new registered office address he	ere:
	ere: SEE, FL SEE, FL
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida stræt address
_	, Florida
N. D. L. La Age	City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4MBR	Tyler Caswell	5317 Fruitville Rd STE	🗹 Add
	,	5317 Fruitville Rd STE 122, Sarasota, Fl. 34232	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Clumge
	 		□Add
			Петюve

, ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
_	
-	
_	
_	
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_	
(If an effection Note: T	te date, if other than the date of filing:
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 d.
Dated _	8/23/2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company CASWELL CORRECTIVE LLC

Filing Information

Document Number

L22000345118

FEI/EIN Number

88-3642653

Date Filed

08/05/2022

Effective Date

08/05/2022

State

FL

Status

ACTIVE

Principal Address

5317 FRUITVILLE RD

SUITE 122

SARASOTA, FL 34232

Mailing Address

5317 FRUITVILLE RD

SUITE 122

SARASOTA, FL 34232

Registered Agent Name & Address

ELLIOTT-CASWELL, ERICA 5317 FRUITVILLE ROAD

SARASOTA, FL 34232

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

This is the reason for the amendment, was block when

filled out.