

L07000034253

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 10 2008

**EXAMINER**

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05/16/08--01022--022 \*\*30.00

**FILED**  
2008 JUN -9 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2008

RYAN GASTON  
258 E. ALTAMONTE DRIVE SUITE 2001  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: FLAT FEE FINANCIAL, LLC.  
Ref. Number: L07000034253

2008 JUN -9 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for FLAT FEE FINANCIAL, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 308A00031713

## COVER LETTER

TO: Registration Section  
Division of Corporations

*Name change of:*

SUBJECT: Flat Fee Financial, LLC to Capital Solutions Financial Corporation,  
(Name of Limited Liability Company) LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Gaston

(Name of Person)

Capital Solutions Financial Corporation,

(Firm/Company)

LLC

258 E. Altamonte Drive, Suite 2001

(Address)

Altamonte Springs, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Gaston

(Name of Person)

at ( 321 ) 239-5540

(Area Code & Daytime Telephone Number)

2009 JUN -9 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Flat Fee Financial, 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 3/29/2002 and assigned  
Florida document number LO7000034253

**FILED**  
2002 JUN -9 A 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Capital Solutions Financial Group, LLC

The new name must be distinguishable and end with 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)

258 East Altamonte Drive  
Suite 2001  
Altamonte Springs, FL 32711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

258 East Altamonte Drive  
Suite 2001  
Altamonte Springs, FL 32701

**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:

Ryan Gaston

New Registered Office Address:

258 East Altamonte Drive, Suite 2001  
(Enter Florida street address)

Altamonte Springs, Florida 32701  
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ryan Gaston	258 East Altamonte Drive Suite 2001 Altamonte Springs, FL 32701	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN -9 A 11:02

FILED