L07000034253

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SECRETARY OF SIAIL OIVISION OF CORPORATIONS

N. Cuffigan MAY _ 9 2011

COVER LETTER

TO:

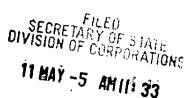
Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Captial Solution	ns Financial Group, LLC			
		nited Liability Company			
•					
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corre	espondence concerning this matter	er to the following:			
		Ryan Gaston			
	Name of Person				
Capital Solutions Financial Group, LLC					
	Firm/Company				
	1601 Chatfield Place				
	Address				
	Orlando, FL 32814				
	City/State and Zip Code				
	r	rgaston25@yahoo.com			
F C4h '- C		(to be used for future annual report notification)			
ror turmer information	on concerning this matter, please	can:			
Ryan Gaston		at (321) 239-5540			
Nai	ne of Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee		S55.00 Filing Fee & S60.00 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		STREET/COURIER ADDRESS: Registration Section Division of Corporations			
P.C). Box 6327	Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Capital Solu	utions Financial Group	, LLC	
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appear ida Limited Liability Company)	s on our records.)	- · · -
The Articles of Organization for this Limited Liabili	· · ·	03/29/2007	and assigned
Florida document numberL07000034253	3		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	2:	
New Broad	Street Capital Advisors, L	LC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicables	:		
(Principal office address MUST BE A STREET AL			
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX		_	
			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ur records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office a	address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
Topico of the state of the stat	er Florida street addr	ess	
		, Florida _ '	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** Add Remove Remove ☐ Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00