

May-18-10

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From: Kirk Pinkerton SN#RC0012328

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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Account Number : 071670002600
Phone : (941) 364-2481
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CAPSTAN FINANCIAL CONSULTING GROUP, LLC

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FAX AUDIT NO: H10000119144 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPSTAN FINANCIAL CONSULTING GROUPE, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Douglas J. Elmore, Esq.

Name of Person

Kirk Pinkerton, P.A.

Firm/Company

50 Central Avenue, Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

WilliamHMarshIV@aol.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Douglas J. Elmore, Esq.

Name of Person

at (941) 364-2402

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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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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

FAX AUDIT NO: H10000119144 3

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

FAX AUDIT NO: H10000119144 3

CAPSTAN FINANCIAL CONSULTING GROUP, 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 March 5, 2010 and assigned Florida document number L10000025036.

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 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)

500 S. Washington Blvd.

Suite 100

Sarasota, FL 34236-7103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 S. Washington Blvd.

Suite 100

Sarasota, FL 34236-7103

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:

Matthew DePalma

New Registered Office Address:

500 S. Washington Blvd., Suite 100

Enter Florida street address

Sarasota

City

Florida 34236-7103

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

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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: FAX AUDIT NO: H10000119144 3

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
			<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 May 7, 2010

Signature of a member or authorized representative of a member

Matthew DePalma

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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