

M02000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

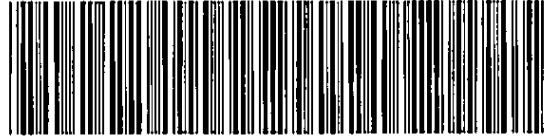
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 OCT 14 AM 11:40

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RECEIVED

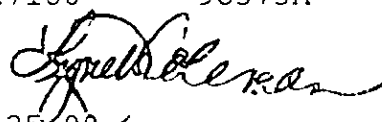
cf 10/17/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 027160 98373A

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 13, 2022

ORDER TIME : 9:28 AM

ORDER NO. : 027160-005

CUSTOMER NO: 98373A

FOREIGN FILINGS

NAME: CAPSTONE TITLE PARTNERS,
L.L.C.

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPSTONE TITLE PARTNERS, L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. CHRISTIAN SAUTTER, ESQ.

Name of Person

Firm/Company

2850 NORTH ANDREWS AVE.

Address

WILTON MANORS, FL 33311

City/State and Zip Code

CSAUTTER@SEISAU.NET

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

For further information concerning this matter, please call:

C. CHRISTIAN SAUTTER, ESQ.

at (954) 568-7000

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

CR2E055 (9/15)

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

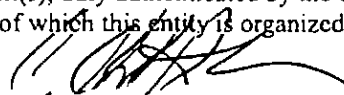
NA



8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|----------------------|----------------------------------|---|
| MGR | CHRISTOPHER J. GERTZ | 888 SOUTH ANDREWS AVE., STE. 204 | <input checked="" type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

C. CHRISTIAN SAUTTER, MGR

Typed or printed name of signee

Filing Fee: \$25.00