PH60000019

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	76 E	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of St	atus
	_	
Special Instructions to	Filing Officer:	

Office Use Only



600395778406

76.2 CT: 14 FITH: 40

2022 OCT 14 AH II:

Colinbary

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 027160 98373A
AUTHORIZATION: Symbolic Reas
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 LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	CAPSTONE TITLE PARTNERS, L.	L.C.		
	Name of Foreig	gn Limited Lial	bility Cor	mpany
Dear Sir or M	·ladam:			
The enclosed	application, certificate and fee(s)) are submitted	for filing	J .
Please return	all correspondence concerning th	is matter to the	following	ng:
C. CHRISTIA	N SAUTTER, ESQ.			
	Name of Person		_	
	Firm/Company		_	
2850 NORTH	ANDREWS AVE.		_	
	Address			
WILTON MA	NORS, FL 33311		_	
	City/State and Zip Code	e		
CSAUTTER@	SEISAU.NET			
E-mail add	ress: (to be used for future annual	report notifica	ition)	
For further in	formation concerning this matter,	please call:		
C. CHRISTIAN	N SAUTTER, ESQ.	954 at (568-70	00
	Name of Person		& Dayti	me Telephone Number
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 hassee, FL 32314		Division The Cer 2415 N.	Address: Ation Section In of Corporations Intro of Tallahassee Intro Monroe Street, Suite 810 Intro Street, FL 32303
Enclo ■\$25 Filing	rsed is a check for the following Fee S30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA



SECTION I (1-4 must be completed)

2000		•	1 1	£ 1	11.	-1-0
2022	t.		l l;	1	11:	L + 1

1. Name of limited liability Company as it appear	s on the records of the Florida	Department of
State: CAPSTONE TITLE PARTNERS, L.L.C.		
Enter new principal office address, if applicable:	NA	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	NA	
2. The Florida document number of this limited lia	bility company is: M02000000	2249
3. Jurisdiction of its organization: DE		
4. Date authorized to do business in Florida: 01/29	9/2002	
SECTION II (5-9 complete only the applicable o	_	
5. New name of the limited liability company: New name of the limited liability company: New name of the limited liability company:	A t contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		is, enter the name of the new
Name of New Registered Agent: NA		
New Registered Office Address: NA		
	Enter Florid	la Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registereby accept the appointment as registered agent the provisions of all statutes relative to the proper of and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of this	gistered Agent: at and agree to act in this capa and complete performance of a ered agent as provided for in C in the registered office address	city. I further agree to comply with ny duties, and I am familiar with Chapter 605, F.S. Or, if this

		in accordance with 605.0902 (1)(e), indicate that c	mange.
itle/ Capacity	<u>Name</u>	Address <u>T</u>	ype of Actio
1GR	CHRISTOPHER J. GERTZ	888 SOUTH ANDREWS AVE., STE. 204	≅ Add
		FORT LAUDERDALE, FL 33316	□Remo
			□Adđ
			_ □Remo
_			_ □Add
			_ □Remo
			_ □∧dd
			_ □Remo
			_ □Add
aforemention	certificate, if required: no more than ed amendment(s), duly authenticated nder the law of which this entity is or	by the official having custody of records in the	_ □Remo

Filing Fee: \$25.00