L08000005394

(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phon	e #)			
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C. LEWIS

JUL 7: 2010

EXAMINER



June 25, 2010

JOSEPH HAYMORE UNITED CAPITAL FUND, LLC 4532 W. KENNEDY BLVD., STE. 320 TAMPA, FL 33609

SUBJECT: LAKEVIEW CAPITAL L.L.C.

Ref. Number: L08000005394

We have received your document for LAKEVIEW CAPITAL L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

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Letter Number: 110A00015698

COVER LETTER

TO: Registration So Division of Con								
SUBJECT: Lakeview Capital LLC Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.						
Please return all corresponden	ondence concerning this matte	r to the following:						
		Joseph Haymore Name of Person						
	United Capital Fund, LLC							
	Firm/Company							
	4532 W. Kennedy Blvd Swite 320							
		Tampa, FL 33609 City/State and Zip Code						
	jhaymore@unitedcapitalreo.com F-mail address: (to be used for future annual report notification)							
For further information o	concerning this matter, please of	eali:						
Deanna Aljano Name of Person		at (772) 626-3815 Area Code & Daytime Telephone Number						
Enclosed is a check for t	he following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 JUL - 6 PM 4: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Came of the Limited U		OPI+	Appears on our	records.)	
The Articles of Organization for this Limited Liab	ility Company	wer filed	m 12/15	108	and assigned
		were men	UII)		and manifered
Florida document number <u>LO 800000 55</u>	<u> 594</u> .				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liab	lity compa	iny here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability	Company," the	designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		4532 W. Kennedy Blvd			
(Principal office address MUST BE A STREET	ADDRESS)	Surte 320			
		Tampa, FL 33609			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Same			
B. If amending the registered agent and/or registered agent and/or the new registered office	e address ber	ği.			
Name of New Registered Agent:	Tim	B. h	right	<u> </u>	<u> </u>
New Registered Office Address:	1002 SE Monterey Commons Blvd. Suite 100				
				da street add	
		Stuart		, Florida	34996
New Registered Agent's Signature, if changing Reg	Ustered Agent:	City			Zip Code
I hereby accept the appointment as registered a the provisions of all statutes relative to the proj accept the obligations of my position as registe, heing filed to merely reflect a change in the reg company has been notified in writing of this cha	per and compl red agent as p fistered office ange.	ete perform pvides fo ddiress f	nance of my di r in Chanter 6	lies, and I a 08, F.S. Or, . that the lim	m familiar with and if this document is lited liability
	1 456 1	The second	1		

MGR = Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action] Add Remove bbA 🌠 ☐ Remove ☐ Add ☐ Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6/8 2010 Dated . ature of a member or authorized representative of a member Joseph Haymore Typed or printed name of signee

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:

Page 2 of 2
Filing Fee: \$25.00