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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
1 200076 1 (0001-1)11
SUBJECT: LAKEVIEW Capital UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: JOSEPH Haymoet Name of Person Please return all correspondence concerning this matter to the following:
ABUNDANT Holdings S
4532 W. Kennen, Blvd. #320
Tampa, FL 33609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
COUCTNEY JONES-HUNT at (317) 573-5576 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Solution Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKEVIEW (API (Name of the Limited Liability Co.	TAL LLC mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp		/15/2008 and assigned	
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 "L.L.C."	Limited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		277	
Principal office address MUST BE A STREET ADDRESS	S)		
		AHE SE TH	
		82 N =	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		F.60	
Maning damess may be ATOST OFFICE BOX			
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
Title -	<u>Name</u>	Address	Type of Action
MGR	Addison Sovine	1486 S. 60 W. OVEM, UT 84058	Add Remove
<u> </u>			Add Remove
			Add Remove
			20 1 2 1 2 1 2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1
			E Nonove
		*	Add Remove
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_ _
			_
Dated SE	PTEMBER 15+4, 201	<u>D_</u> .	
	Signature of a member of	r authorized representative of a member	
	Joseph Huyn Typed of	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00