12/20/2016

Division of Corporations

file date of 12/20/2016

Resubmission, please keep Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

Resubmission, please keep file date of 12/20/2016

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To:

Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA800000023 : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used fo annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESI

LAKEVIEW CAPITAL PARTNERS, LLC

Resubmission, please keep file date of 12/20/2016

| Certificate of Status | 0 : |
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COVER LETTER

| | Registration Se Division of Cor | | | | | |
|-------------|------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| curr er oa | Lakeview (| Capital Partners, LLC | | | | |
| SUBJECT | l: | Name of Lim | nited Liability Company | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | 115. |
| Please retu | aru all correspo | ndence concerning this matter | to the following: | | | |
| | | Benjamin Pogany | | | | |
| | | | Name of Person | | 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | |
| | | Jones Day | | | | |
| | | <u> </u> | Firm/Company | | · | |
| | | 901 Lakeside Ave E | | | | |
| | | | Address | | " | |
| | | Cloveland, OH 44114 | | | | |
| | | | City/State and Zip Cod | 1 | in the second section of the second section is a second section of the second section | |
| | | bpogany@jonesday.com L-mail address: (| to be used for luture annua | il report notifice | ition) | |
| For further | r information c | oncerning this matter, please c | | · | | |
| Benjamin | Pogany | | 216 5 | 86-7657 | | uny |
| | Name of | f Person | Area Code | Daytime T | elephone Number | |
| Enclosed i | s a check for th | e following amount: | | | | |
| \$25.00 |) Filing Fec | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is e | | ■ \$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LakeviewCapitalPartners,LLC | | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (Name of the Lim | ted Llability Company as it no (A Florida Limited Liability Co | ow appears on our records.) ompany) | |
| The Articles of Organization for this Limited I Florida document number L11000144192 | iability Company were file | ed on December27,2011 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability com | pany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Compa | any." the designation "LLC" or the abb | revisition L.L.C. |
| Enter new principal offices address, if appli | cable: | | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STRE | ET ADDRESS) | S.S. | (5) |
| | | 完 | |
| Enter new mailing address, if applicable: | | F.STATE | ص ا |
| (Mailing address MAY BE A POST OFFICE | <u></u> | DE A | |
| B. If amending the registered agent and registered agent and/or the new registered of | | dress on our records, <u>enter 1</u> | the name of the new |
| Name of New Registered Agent: | CTCorporationSystem | | |
| New Registered Office Address: | 1200SouthPineIslandB | Road | |
| | | Enter Florida street address | |
| | Plantation | , Florida <u>333</u> | 24 |
| | 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 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.

Kristin Bolden
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | | Address | Type of Action |
|-------------|-----------------|-------------|------------------------------|----------------|
| MGR | Hunter Peterson | ••• | 1100 Park Central Blvd. | ► ∧dd |
| | | | Suite 3400 | □ Remove |
| | | | Pompano Beach, Florida 33069 | Change |
| MGR | Steven Burns | | 1100 Park Central Blvd. | . |
| | | | Suite 3400 | |
| | | | Pompano Beach, Florida 33069 | П.О |
| MGR | Roy Serpa | | 1100 Park Central Blvd. | Add |
| | | _ | Suite 3400 | □ Remove |
| | | | Pompano Beach, Florida 33069 | ☐ Change |
| MGR | David Powell | | 1100 Park Central Blvd. | |
| | | | Suite 3400 | |
| | | | Pompano Beach, Florida 33069 | |
| MGR | Jack Cardwell | | 1100 Park Central Blvd. | □ Add |
| | | | Suite 3400 | ☐ Remove |
| | · | | Pompano Beach, Florida 33069 | ☐ Change |
| | | | | · |
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| <u>ie:</u> If tl | he date inserted in this block does not seffective date on the Department of | ot meet the applicable statutor | y filing requirements | s, this date will not | he listed |
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| record | I specifies a delayed effective | e date, but not an effec | tive time, at 12: | 01 a.m. on the | earlier |
| ne 90 | th day after the record is file | ed, | | | |
| ed | December 20 | <u>2016</u> . | | | |
| | th A | 7 Par | · | | -17 |
| | Signature o | f a member or authorized represe | entative of a member | | - H |
| | Hunter Peterson | | 3 | 20 | m |
| | | | , | | |
| | | Typed or printed name of sig | mee | - R U | |

Filing Fee: \$25.00