## L17000076430

(Re	equestor's Name)	<del></del>
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TALLAHASSEE, FLORID

**S Warren** MAY - 5 2017

## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	C & S Capit	al Partners, LLC		
SUBJEC	· I :	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		W. Robinson Frazier		
			Name of Person	
		Frazier & Frazier, Attorney	ys at Law, P.A.	
			Firm/Company	<del> </del>
		1515 Riverside Avenue, St	uite A	
			Address	***************************************
		Jacksonville, Florida 3220	4	
			City/State and Zip Code	<del></del>
		robfrazier@fraziertaxlaw.co	om to be used for future annual report notif	Yang and a second
For furth	er information co	oncerning this matter, please ca	•	ication)
W. Robii	nson Frazier		904 353-5616 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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**

C & S Capital Partners, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on April 6, 2017	and assigned
lorida document number L17000076430		
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
iverview Capital Partners, LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable	<u> </u>	<del></del> _
Principal office address MUST BE A STREET A	DDRESS)	
inter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	<u></u>	· · ·
• • • • • • • • • • • • • • • • • • • •	<u></u>	
Mailing address MAY BE A POST OFFICE BOY	registered office address on our records, e	enter the name of the
Mailing address MAY BE A POST OFFICE BOY	registered office address on our records, e	enter the name of the
Aailing address MAY BE A POST OFFICE BOY	registered office address on our records, e	enter the name of the
Mailing address MAY BE A POST OFFICE BOY  If amending the registered agent and/or ageistered agent and/or the new registered office	registered office address on our records, e	enter the name of the
Mailing address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	registered office address on our records, e	enter the name of the
	registered office address on our records, eaddress here:	

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.

If Changing Registered Agent, Signature of New Re

Page 1 of 3

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	□ Remove
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. If amending any other info	ormation, enter change(s) here: (Attach additional sheets	
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Note: If the date inserted in the document's effective date on the	the date of filing:  te must be specific and cannot be prior to date of filing or more than 90 dhis block does not meet the applicable statutory filing requirement the Department of State's records.	ents, this date will not be listed as the
The 90th day after the	ayed effective date, but not an effective time, at 1 erecord is filed.	iz:01 a.m. on the earlier or:
Dated May I	, 2017	
W. //a	/ Hus	SEC SEC
	Signature of a member or authorized representative of a membe	
W. Robinson Frazi	Typed or printed name of signee	ANNY O
	TARGE OF PERMISSION OF PUBLICA	AM IO: 15 OF STATE EE, FLORIDA
		$\sim$ -

Filing Fee: \$25.00