L110000 62202

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800209500798

07/01/11--01009--021 **25.00

J. BRYAN

JUL -5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: River North LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	U
Please return all correspondence concerning this matter to the following:	0
Brad Szymczak Name of Person	
_ SWK Holdings LLC	
6745 Huntington Lakes Circle # 2	oj
Naples Florida 34119 City/State and Zip Code	
E-mail address: (to be used for nuture annual report notification)	
For further information concerning this matter, please call:	
Brad Szynczak at (234) 273 8582 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

River Non	th LLC			
(Name of the Limited I	lability Company as it now approved Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Lia Florida document number		05/26/11	and assigned	
This amendment is submitted to amend the follow	ving:		題に下	
A. If amending name, enter the new name of the Real Films (R VICE A NO	here:	SSEE, FR	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		w	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ac	ddrass	
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 Changing Registered Agent, Signature of New Registered Agent

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 = 1	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If am	ending any other information, enter change	nwnc — Thanks!	IN JUL
		יייייייייייייייייייייייייייייייייייייי	LED -I PM 2: 27 ARY OF STATE.
Dated	June 28, 20	II.	
	Brad Szymerak	or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00