112000028150

(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phon	e #)	
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12 AUG 27 PM 3: 37

AUG 2 8 2012 T. HAMPTON

COVER LETTER

Registration Section

TO:

Division of Co	porations		
SUBJECT:	Infinity Riv	er Holding, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Michael Mendez	
	•	Name of Person	
Galego Law Group			
		Firm/Company	— ·
	232 Andalusia Ave, Suite 202		
		Address	
	Co	oral Gables, FL 33134	
		City/State and Zip Code	
	mme	endez@galegolaw.con to be used for future annual repor	n
			t notification)
For further information	concerning this matter, please c	all:	
Mid	chael Mendez	at (_305)	444-9000
Name	of Person	Area Code & I	Daytime Telephone Number
n a. 12 1.16	d Calleria amana		
Enclosed is a check for	-		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/C Registration	OURIER ADDRESS: Section
Divis	ion of Corporations Box 6327	Division of Clifton Build	Corporations
	nassee, FL 32314		ive Center Circle



RECEIVED

12 AUG 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

MICHAEL MENDEZ GALEGO LAW GROUP 232 ANDALUSIA AVE - STE 202 CORAL GABLES, FL 33134

SUBJECT: INFINITY RIVER HOLDING, LLC

Ref. Number: L12000028150

We have received your document for INFINITY RIVER HOLDING, LLC 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 must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00020560

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 AUG 27 PH 3: 37

Infi (Name of the Limited I (A I	nity River Holding, LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number	-	02/27/2012	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>:</u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:	NCG MANAGEMENT LLC			
New Registered Office Address:	232 Andalusia Ave, Suite 202			
	Enter Florida street address			
	Coral Gables City	, Florida	33134 Zip Code	
New Degistered Agent's Signature if changing P	·			

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 = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF STA
Dated	,	·	STATE SEATIONS
	Signature of a memb	or or authorized representative of a member Orac Gole So ed or printed name of signed	

Page 2 of 2

Filing Fee: \$25.00