1200045721

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

G. MCLEOD

JUL 24 2012

EXAMINER



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COVER LETTER

TO:	Registration Secondinated Division of Corp.			·	
SUBJI	F CT∙ '	RIVERG	ON 11503 LLC		
30 Du		Name of Limi	ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
OI			RESTES E GONZALEZ	·	
			Name of Person		
		RI	VERGON 11503 LLC		
			Firm/Company		
			1502 LISBON		
			Address		
		CORAL	GABLES,, FLORIDA 331	24	
			City/State and Zip Code		
RIVERGON@AOL.COM E-mail address: (to be used for future annual report notification				ification)	
For fur	rther information cor	ncerning this matter, please c		·	
	ORESTE	S E. GONZALEZ	at (305)	970-9369	
	Name of	Person		me Telephone Number	
Enclos	sed is a check for the	following amount:			
₽ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registra	NG ADDRESS: tion Section of Corporations	STREET/COUR Registration Sect Division of Corpo		
	P.O. Box		Clifton Building 2661 Executive C	Center Circle	

Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida	Zip Code
	Enter Florida street address		
New Registered Office Address:		77	
Name of New Registered Agent:			,
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag	istered office address on ddress here:	our records, enter #	ne name of the nev
		- 5	SA
(Mailing address MAY BE A POST OFFICE BOX)			SA SA
Enter new mailing address, if applicable:			AAG C
			<u> </u>
Principal office address MUST BE A STREET AD	DRESS)		
Enter new principal offices address, if applicable:	***************************************	<u></u>	
L.L.C."			
The new name must be distinguishable and end with the w	vords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviatio
t. If amending name, enter the new name of the n	mitta habinty company ne		
A. If amending name, <u>enter the new name of the li</u>	mited lighility company he	ero.	
This amendment is submitted to amend the following:			
Florida document numberL12000045721	*		•
The Articles of Organization for this Limited Liability Slovida document number L12000045721	Company were filed on	APRIL 3, 2012	and assigned
		ADDI: 2 2042	
(Name of the Limited Liabil (A Florid	ity Company as it now apper a Limited Liability Company)	ars on our records.)	
	RGON 11503 LLC		

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 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 MGRM = Managing Member

Title ·	Name	Address	Type of Action
MGRM	RIVERGON HOLDING LLC	1502 LISBON CORAL GABLES FLORIDA 33124	Add Remove
MGRM_	ORESTES E. GONZALEZ	1502 LISBON CORAL GABLES FLORIDA, 11312	Add Remove
			Add Remove
**************************************			Add Remove
·			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
	JULY 20 20		
Dated	· (Malle	of authorized representative of a member	
	ORES	TES E. GONZALEZ	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00