

L12000088098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

JUL 12 2012

EXAMINER



700231144507

07/12/12--01010--004 \*\*25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JUL 11 PM 2:57

**LAWRENCE BIELER**  
ATTORNEY AT LAW

ONE BISCAYNE TOWER SUITE 3700  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FLORIDA 33131

TELEPHONE (305) 374-5888  
FACSIMILE (305) 374-7632

July 10, 2012

Florida Division of Corporations  
**Attn: Buck Kohr**  
Amendments/Registr Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

By FedEx

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 11 PM 2:57

Re: Name Change Amendments: P96000049540 & L12000088098  
La Autentica Foods, Inc. and Ethnic Foods Specialties, LLC

Dear Mr. Kohr:

We spoke on the phone on Friday concerning the procedure to be followed in connection with one entity changing its name and the second entity then changing its name to assume the relinquished name of the first entity.

Enclosed are the two sets of Articles of Amendment whereby (1) La Autentica Foods, Inc. desires to change its name to Rivco Holdings, Inc., and (2) Ethnic Foods Specialties, LLC then change its name to La Autentica Foods, LLC.

Also enclosed are checks in the amounts of \$35 and \$25, respectively, for payment of the filing fees. We would appreciate if these name changes could be processed by your office as soon as possible since bank accounts cannot be opened without the new names being of record.

Please call me with any questions. My cell phone is 305-720-5854.

Thank you again for your assistance with this matter.

Very truly yours,



Lawrence Bieler

LB/mtf

Encls. Goya Dept State Ltr 7-10-12.wpd

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ETHNIC FOODS SPECIALTIES, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**FABRICE RIVIERE**

Name of Person

**LA AUTENTICA FOODS, INC.**

Firm/Company

**2294 WEST 78TH STREET**

Address

**HIALEAH, FL 33016**

City/State and Zip Code

**FABRICE@LAAUTENTICAFOOD.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LAWRENCE BIELER, ESQ.**

Name of Person

at ( **305** )

**374-5888**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

**ETHNIC FOODS SPECIALTIES, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 11 PM 3:57

The Articles of Organization for this Limited Liability Company were filed on JULY 6, 2012 and assigned  
Florida document number L12000088098.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LA AUTENTICA FOODS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

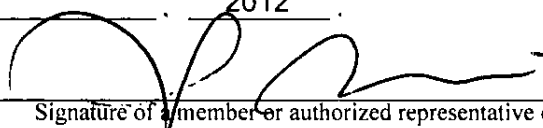
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated JULY 11, 2012



Signature of a member or authorized representative of a member

FABRICE RIVIERE, AUTH. REP.

Typed or printed name of signee