

L12000088098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

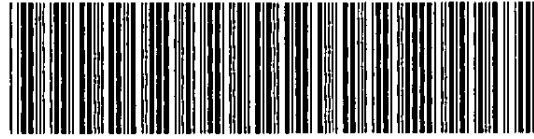
(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
JUL 12 2012
EXAMINER



700231144507

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

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
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

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

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. at (**305**) **374-5888**
Name of Person 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

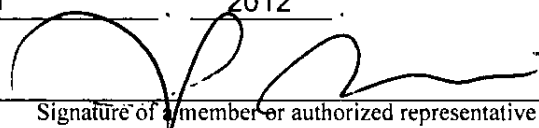
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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
_____	_____	_____	<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