## L12000091440

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	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:				
		į		
<u></u>		<u> </u>		

Office Use Only



300237716593

07/23/12--01047--024 \*\*25.00

12 JUL 23 PM 3: 13
SECRETARY OF STATE
AND ARRASSEE, FLORIDA

C. LEWIS

JUL 2 4 2012

EXAMINER

## **COVER LETTER**

TO: Registration So Division of Col		΄β. <u>`</u> .		
SUBJECT:	RIVERGO	N HOLDING LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	OR	ESTES E. GONZALEZ		
	Name of Person			
	RIVERGON HOLDING LLC			
		Firm/Company		
	1502 LISBON			
		Address		
	CORAL GABLES, FLORIDA 33134			
	DIV	City/State and Zip Code		
	E-mail address: (	VERGON@AOL.COM to be used for future annual report notifications.	ication)	
For further information	concerning this matter, please c	all:		
OREST	ES E. GONZALEZ	at ( 305 )	970-9369	
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 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)	
Regis	LING ADDRESS: tration Section	STREET/COURI Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUL 23 PM 3: 13

RIVER (Name of the Limited Liabil) (A Florid	GON HOLDING LLO  On Holding Line appear a Limited Liability Company)	SECRETARY OF STATE  rs on our recufds.) AMASSEE, FLORIDA	
The Articles of Organization for this Limited Liability  Florida document number L12000091440			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	re:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
•			
Enter new mailing address, if applicable:		7-	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	······································		
	Enter Florida street address		
<u>-</u>	Zi.	, Florida Zip Code	
	City	zip Coae	

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 Type of Action **Title** Name <u>Address</u> ELENA ROSA GONZALEZ MGRM 1502 LISBON ☑ Add □ Remove CORALGABLES\_ FLORIDA, 33134 Remove ☐ Add Remove Remove □Add ☐ Remove  $\bigcap Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_ JULY 20 2012 Signature of a member or authorized representative ORESTES E. GONZALEZ Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00