

L12000091440

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AND  
FILED

D. BRUCE

SEP 13 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

RIVERGON HOLDING LLC

SUBJECT: \_\_\_\_\_  
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:

ORESTES E. GONZALEZ

\_\_\_\_\_  
Name of Person

RIVERGON HOLDING LLC

\_\_\_\_\_  
Firm/Company

1502 LISBON

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

rivergon@aol.com

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

For further information concerning this matter, please call:

ORESTES E. GONZALEZ

\_\_\_\_\_  
Name of Person

at ( 305 )

970-9369

\_\_\_\_\_  
Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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**

**RIVERGON HOLDING LLC**

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

The Articles of Organization for this Limited Liability Company were filed on JULY 16, 2012 and assigned  
Florida document number L12000091440

This amendment is submitted to amend the following:

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

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

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	ORESTES E GONZALEZ	1502 LISBON CORAL GABLES FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELENA R GONZALEZ	1502 LISBON CORAL GABLES FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ORESTES E GONZALEZ, T	1502 LISBON CORAL GABLES FLORIDA, 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELENA R GONZALEZ, TRU	1502 LISBON CORAL GABLES FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ORESTES E GONZALEZ T	1502 LISBON CORAL GABLES FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELENA R. GONZALEZ TRU	15502 LISBON CORAL GABLES FLORIDA, 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

BOTH AS TRUSTEES OF THE ORESTES E GONZALEZ LIVING TRUST DATE  
SEPT. 27, 2007

BOTH AS TRUSTEES OF THE ELENA R. GONZALEZ LIVING TRUST DATED  
SEPT. 27, 2007

Dated AUGUST 27, 2012

Signature of a member or authorized representative of a member

ORESTES E GONZALEZ  
Typed or printed name of signer

12 SEP 12 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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