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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SAAVEDRA, GOODWIN
Account Number : 120040000091
Phone : (954)767-6333
Fax Number : (954)767-8111

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kfenichel@saavlaw.com

19 JUN 11 PM 12:55

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RICEVANDENBERG CERTIFIED PUBLIC ACCOUNTANTS AND
ADVI**

Certificate of Status		0
Certified Copy		0
Page Count		05
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: RiceVandenberg Certified Public Accountants and Advisors, 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:

Kimberly A. Fenichel, FRP

_____	Name of Person
Saavedra Goodwin	
_____	Firm/Company
312 S.E. 17th Street, Second Floor	
_____	Address
Fort Lauderdale, FL 33316	
_____	City/State and Zip Code
kfenichel@saavlaw.com	
E-mail address: (to be used for future annual report notification)	

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AND
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For further information concerning this matter, please call:

Kimberly A. Fenichel, FRP	954	767-6333 x 21
_____	at (_____) _____	_____
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

amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RVG Holdings, Inc.	312 S.E. 17th Street, Suite 301	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RVGR II, LLC	312 S.E. 17th Street, Suite 301	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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