

L17 0001 34772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

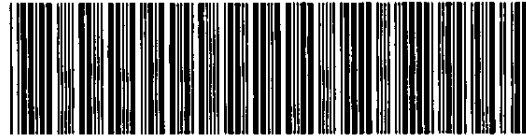
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265706373

10/24/14--01021--017 **25.00

FILED
14 OCT 24 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers OCT 28 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIVERAGTE PARTNERS, 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:

CAROLINA BATTAFARANO

Name of Person

RIVERGATE PARTNERS, LLC

Firm/Company

2801 SW 31ST AVE, SUITE 2B

Address

COCONUT GROVE, FL 33133

City/State and Zip Code

CBATTAFARANO@RGKWM.COM

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

For further information concerning this matter, please call:

CAROLINA BATTAFARANO

305 416.4949 EXT 2000

Name of Person

at ()

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

RIVERGATE PARTNERS, LLC

Page 1 of 3

14 OCT 24 AM 8:50
FLEED
SEC DEPT ARMY
TALLAHASSEE, FLORIDA
Zip Code

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Oscar J Vila	201 Alhambra Circle	☐ Add
		Suite702	☒ Remove
		Coral Gables, FL 33134	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
14 OCT 29 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 20TH 2014

Jan N. Massirman

Signature of a member or authorized representative of a member

JAY MASSIRMAN

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 OCT 24 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA