P96000049540

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JUL 1 2 2012

EXAMINER



100231144491

07/12/12--01010--003 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LA AUTEN	TICA FOODS, I	NC.
	P9600004954		
	f Amendment and fee are sul		
Please return all correspondent	ondence concerning this mat	ter to the following:	
F	ABRICE RIVIER	RE	
-		Name of Contact Person	1
<u>l</u>	_A AUTENTICA I	FOODS, INC.	
2	2294 WEST 78TH	Firm/ Company H STREET	
,	HALEALL EL 220	Address	
	HALEAH, FL 330	City/ State and Zip Code	a
E4D			
FAB	RICE@LAAUTE	ed for future annual report	
	concerning this matter, pleas	e call: at (. 374-5888
	Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

LA AUTENTICA FOODS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

D06000040540

ment(s) to

P96000049540			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the fol	llowing amendme
A. If amending name, enter the new name of the	he corporation:		
RIVCO HOLDINGS, INC.			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered." "professional association," or	Corp." "Inc," or "Co". A pre		the abbreviation
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u> .			··· <u>-</u> -
			
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		
		······································	
D. If amending the registered agent and/or reg	ristered office address in Flori	da enter the name of the	
new registered agent and/or the new register		da, enter the hame of the	
Name of New Registered Agent			
-			
·	(Florida street address)	** * **	
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	de)
•			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ant the obligations of the nos	ition
Thereby accept the appointment as registered age	mi, Tam jaminai wiin ana acc	epi me oonganons oj me posi	mon.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee: C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Ŀ.	If amending or adding additional Artic (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
_		
	 	
_		
₹.	If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
		<u> </u>
_		

The date of each amendment(s) adoption: <u>JULY</u> 10, 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated JULY 11, 2012 Signature (By a director, president or other officer Lif directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) FABRICE RIVIERE (Typed or printed name of person signing) PRESIDENT (Title of person signing)