#20600055339

(Re	questor's Name)	,
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

Registration Section

TO:

Division of Co	orporations				
SUBJECT:	PRIVE LAN	ND BANKING LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Jose F Pena			
		Name of Person			
	PRIVE LAND BANKING LLC				
		Firm/Company			
	900 Biscayne Blvd #105				
	Address				
		Miami, Fl 33132			
		City/State and Zip Code			
	priveco	rporations@privegroup.c	com		
	E-mail address: (to be used for future annual report r	notification)		
For further information	concerning this matter, please of	call:			
	Jose F Pena	at (305)	321-9865		
Name of Person		Area Code & Da	ytime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Se Division of Co Clifton Buildin	rporations og e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

			^ -	23 Luis 03
PRI	/E LAND BAI	NKING LLC	S:	CANTALY DE COLOR
(<u>Name of the Limited L</u> (A F	lorida Limited Liab	is it now appears on ility Company)	our records!)4L	CHETALLY OF STATE LAHASSEE, FLORIDA
The Articles of Organization for this Limited Lial	oility Company we	re filed on	05/30/06	and assigned
Florida document numberL060000553	39 .			
This amendment is submitted to amend the follow	ving:			
A If amonding name outpuths now your of A	h - limite J linkilit			
A. If amending name, enter the new name of t	ne iimited habiiit	y company nere:		
		-		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company,"	the designation "	LLC" or the abbreviation
2.2.0.				
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	_			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	- 0V)			
maning aggress MAT BE A FOST OFFICE B	<u>~~</u>			
	-			
D. If amouding the projectional areast and/our				
B. If amending the registered agent and/or registered agent and/or the new registered officered.	registerea office ce address here:	address on our	records, enter	the name of the new
	_			
N. (N. D. L. 14	12	SE T	Pena	
Name of New Registered Agent:		$\frac{3c}{c}$	10.700	
New Registered Office Address:	900 !	BISCATN	e USLV	D #105
	_	Enter I	Florida street ad	dress
	M16	_mi	. Florida	10 A/05 dress 33/32 Zip Code
	(City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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

<u>Title</u>	Name	Address	Type of Action				
MGRM	KIELKI CORPORATION	19370 COLLINS AVE #1422 SUNNY ISLES FL 33160	Add Remove				
MGR	Prive Consulting Group	900 Biscavne Blvd #105 Miami, FL33132	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_				
			<u> </u>				
							
Dated	05/14 , 20						
	6						
	Signature of a member	or authorized representative of a member					
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00