L07000094583

(Re	equestor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	#)			
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SECRETARY OF STATE
DIVISION OF COMPORATIONS

19 IIIN - 6 PM 3: 38

JUN = 7 2012 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Co		,			
SUBJECT:	PRIVE CONSU	ILTING GROUP L	LC		
	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Jose F Pena Name of Person			
	PRIVE CONSULTING GROUP LLC Firm/Company				
	900 Biscayne Blvd #105				
Address					
	Miami, FI 33132				
		City/State and Zip Code			
	privecor	porations@privegroup to be used for future annual repo	D.COM		
For further information	concerning this matter, please of	·	T Hotheutony		
	, pour la marie, proude				
	ose F Pena	at (305)	321-9865		
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 er	Section 1 Section 2 Sectio		
Regis	LING ADDRESS: tration Section	Registration	COURIER ADDRESS: Section Corporations		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301



RECEIVED

11 JUN -6 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2012

JOSE F PENA 900 BISCAYNE BLVD # 105 MIAMI, FL 33132

SUBJECT: PRIVE CONSULTING GROUP, LLC

Ref. Number: L07000094583

We have received your document for PRIVE CONSULTING GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00015169

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JUN -6 PM 3: 38

PRIVE C (Name of the Limited L (A F	CONSULTING GR Liability Company as it no Porida Limited Liability Co	OUP LLO w appears on ompany)	Our records.)		
The Articles of Organization for this Limited Lial Florida document number	· · ·	d onC	9/17/2007	_ and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liability comp	oany here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company,"	the designation "LLC	or the abbreviation	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here:				
	JOSE + PENA 900 BISCAYNE BLUD #105 Enter Florida street address MIANI, Florida 33132 City Zip Code				
	- MIANI City	-	, Florida <u>3</u> 3	3 1 3 2 Zip Code	
New Registered Agent's Signature, if changing Re				T	

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

Page 1 of 2

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 <u>Name</u> **Address** Type of Action **MGRM** KIELKI CORPORATION 19370 COLLINS AVE #1422 Add Remove SUNNY ISLES FL 33160 KIELKI CORPORATION MGR 900 BISCAYNE BLVD# 105 Miami, Fl 33132 ☐ Add Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 05/14 2012 Dated __ Signature of a member or authorized representative of a member TAULE & LEBRIOUICH
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00