

**LD1000091080**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

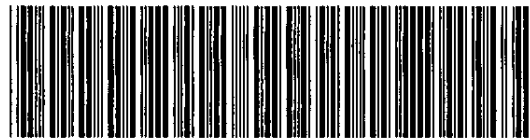
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**MAY 25 2012**  
**L. SELLERS**

Office Use Only



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05/23/12--01024--008 \*\*30.00

12 MAY 23 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRIVE ENTERTAINMENT V, 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:

**Jose F Pena**  
Name of Person  
**PRIVE ENTERTAINMENT V, LLC**  
Firm/Company  
**900 Biscayne Blvd #105**  
Address  
**Miami, FL 33132**  
City/State and Zip Code  
**privecorporations@privegroup.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jose 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 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



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KIELKI CORPORATION	19370 COLLINS AVE #1422 SUNNY ISLES FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Prive Consulting Group	900 BISCAYNE BLVD# 105 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

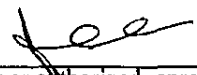
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Dated 05/14, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAVED RABINOVICH  
\_\_\_\_\_  
Typed or printed name of signee