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(Re	questor's Name)	
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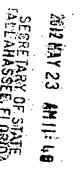
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T. CLINE

MAY 24 2012

EXAMINER



COVER LETTER

TO: Registration Division of C	s Section Corporations		
SUBJECT:	PRIVE ENTEI	RTAINMENT VI, LLC	
	·	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Jose F Pena	
		Name of Person	
PRIVE		ENTERTAINMENT VI, LL	<u>C</u>
		Firm/Company	
	90	00 Biscayne Blvd #105	
		Address	
		Miami, FI 33132	
		City/State and Zip Code	
	priveco	rporations@privegroup.co to be used for future annual report not	M (Mastion)
For further informatic	on concerning this matter, please	•	meanony
	on concerning this matter, please t	-411.	
	Jose F Pena	at (_305)	321-9865
Nan	ne of Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional convers endlosed)
MAILING ADDRESS: Registration Section		STREET/COUF Registration Sect	RIER ADDRESS:
Division of Corporations		Division of Corp	
). Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive (Jenier Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIVE	ENTERTAINMENT VI,	LLC	
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
ζ	riorida Diminos Distorrity Company)		
The Articles of Organization for this Limited Li	ability Company were filed on	09/21/2009	and assigned
Florida document numberL09000091	091		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of			ALLU SEGG
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation	"Lacor or the abbreviation
Enter new principal offices address, if applica	able:		mo T
(Principal office address MUST BE A STREE	T ADDRESS)		Fs =
			34 F
		÷.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	JOSE 7 900 BISCAY EN City	Pena	<u></u>
New Registered Office Address:	900 BISCAY	ne Bluj	D # 105
	Miami	uer r <i>ioriaa sireet al</i> Florida	33/32
	City		Zip Code

New Registered Agent's Signature, if changing Registered 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>	<u>Name</u>	Address	Type of Action
MGRM	KIELKI CORPORATION	19370 COLLINS AVE #1422 SUNNY ISLES FL 33160	Add Remove
MGR_	Prive Consulting Group	900 Biscayne Blvd #105 Miami, Fl 33132	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if neces	sary.)
			MIN 20 SECRETARISS
	05/14	,2012	3 AMII: LO
	· ·	a member of authorized representative of a member JAULE 12 PABL NOV (CL) Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00