

L09000091091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

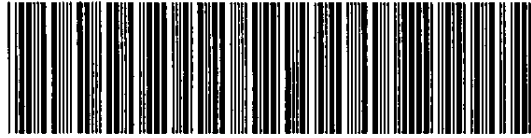
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 24 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 23 AM 11:48

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRIVE ENTERTAINMENT VI, 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 VI, 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

FILED  
MAY 23 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**PRIVE ENTERTAINMENT VI, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/21/2009 and assigned Florida document number L09000091091.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2009 SEP 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JOSE F Pena

New Registered Office Address:

900 BISCAYNE BLVD # 105

Enter Florida street address

Miami

Florida

33132

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.

[Signature]  
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>	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 05/14, 2012

FILED  
 2012 MAY 23 AM 11:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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