

L100000 72295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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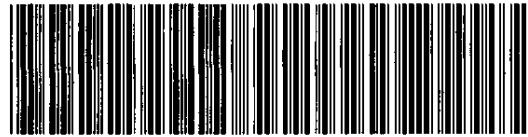
(Business Entity Name)

(Document Number)

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FILED
10 OCT 15 PM 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIVILEGE ENTERTAINMENT 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:

ROBERT BOWIE

Name of Person

PRIVILEGE ENT LLC

Firm/Company

1164 SW WHISPER RIDGE TR

Address

PALM CITY FL 34990

City/State and Zip Code

ROBERTBOWIE @ BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BOWIE

Name of Person

at (772) 214-4874

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
10 OCT 15 PM 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PRIVILEGE ENTERTAINMENT 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 JULY 9, 2010 and assigned Florida document number L10000072295.

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
10 OCT 15 PM 4 20
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:

ROBERT BOWIE

New Registered Office Address:

1164 SW WHISPER RIDGE TR

Enter Florida street address

PALM CITY

City

Florida

34990

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.

Robert Bowie
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:

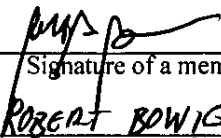
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR ⁽²⁵⁰⁾	ROBERT BOWIE	1164 SW WHISPER RIDGE TR PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CRAIG THOMPSON	608 MARSH ISLE PORT ST LUCIE FL 34952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRISTOPHER THOMPSON	5390 JANICE LANG WEST PALM BEACH, FL 33417	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT BOWIE	2096 NW COURTYARD CIR PORT ST LUCIE FL 34986	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RICHARD RIGSBY	2933 SE HENRY PLACE STUART FL 34997	<input type="checkbox"/> Add <input checked="" 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 OCT 1, 2010.


Signature of a member or authorized representative of a member

ROBERT BOWIE

Typed or printed name of signee

FILED
10 OCT 15 PM 20
CLERK OF STATE
TALLAHASSEE, FLORIDA