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(City/State/Zip/Phone #)

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EXAMINER



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12 MAY 14 PM 3:51  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRIVE EVENT MANAGEMENT, LLC.**  
Name of Limited Liability Company

12 MAY 14 PM 3:51

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ANA MARIA LEON**

Name of Person

**TAMPA MULTISERVICES, INC**

Firm/Company

**2722 W TAMPA BAY BLVD**

Address

**TAMPA, FL. 33607**

City/State and Zip Code

**tampamultiservices@hotmail.com**

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

For further information concerning this matter, please call:

**SARAH M. FAMIGLIETTI**

Name of Person

at ( **813** ) **766-6283**

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:

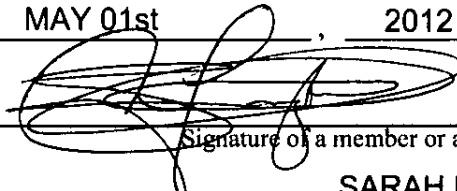
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARLEN ABRAHANTES-V	12810 WALLINGFORD DRIVE TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SARAH M. FAMIGLIETTI	12810 WALLINGFORD DRIVE TAMPA, FL 33624	<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 MAY 01st, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
SARAH M. FAMIGLIETTI  
\_\_\_\_\_  
Typed or printed name of signee