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SECRETARY OF STATE
ALL ANA SSEE, FLORID

S. WARREN NOV 1 3 2017

COVER LETTER

TO: Registration Section of Corp			
SUBJECT: PR	VICEGED M Name of Lim	ATION MANAGEM: ited Liability Company	ENT, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Guillermo 1	Name of Person	
	Privilege Car		
	3367, NW 4	7 th Avenue Address	
	Cocomet Cree	k, FL - 33063 City/State and Zip Code 7770 gunaric com o be used for future annual report notific	
	hazlojusto E-mail address: (1	7770 gunare com o be used for future annual report notific	cation)
For further information cor	cerning this matter, please ca		
Guillermo St Name of F	Arx Noreno erson	at (<u>954</u>) <u>708 - 3</u> Area Code Daytime	3263 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on <u>03/10/2014</u>	and assigned
Florida document number	<u>9809 </u>	·	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
PRIVILEGED NATION The new name must be distinguishable and contain the secondary to the sec	MANA G words "Limited Liabil	EMENT, UC ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	3367, NW 47 6h AN	enue
(Principal office address MUST BE A STREI	ET ADDRESS)	3367, NW 47 th An Coconert Breek, FL-	33063
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	SAME AS ABOVE	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her	2:	· · · · · · · · · · · · · · · · · · ·
HOW ROSINGED OTHER FRANCIS.	Cocomi	MO HANN Moreno 1 47 th Avenue, Cocc Enter Florida street address 4 beek , Florida City	33063 Zip Code
New Registered Agent's Signature, if changing		•	•

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 605, 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

Page 1 of 3

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Change _ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove _□ Change _□ Add ☐ Remove NOV DAda 9 PARemove

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Filing Fee: \$25.00