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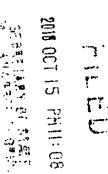
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M. MILLIGAN OCT 2 0 2018

COVER LETTER

то:	Registration Se Division of Cor			
		e Club LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Plea	se return all correspo	ndence concerning this matter	to the following:	
		Eric Zirkle		
			Name of Person	
		Privee Elite Club LLC		
			Firm/Company	
		11467 Solaya Way Unit	403	
		-	Address	
		Orlando, FL 32821		
		Info@priveeelite.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For	further information c	oncerning this matter, please ca	all:	
Éric	Zirkle		727 225-3053	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Encl	osed is a check for th	ne 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

Privee Elite Club LLC

(Same 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 08/13/2018

and assigned.

Florida document number L18000193307

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal office 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)

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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
MGR	Christine Romualdi	440 Royal Palm Way Unit 202 Palm Beach, FL US 33480	■ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove
			□ Change

). If amending any other in	mation, enter change(s) here: (Attach additional sheets, if necessary.)	

Note: If the date inserted in	the date of filing:)207 (3)(b d as the
f the record specifies a do b) The 90th day after th	ved effective date, but not an effective time, at 12:01 a.m. on the earlier ecord is filed.	r of:
, October 04	2018	

Page 3 of 3

Filing Fee: \$25.00

Signature of a member of authorized representative of a member

Typed or printed name of signee

Eric Zirkle