

L07000122313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

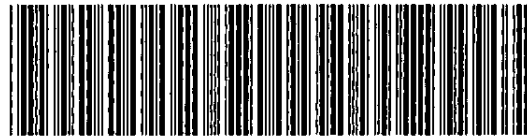
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EXAMINER



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03/05/12--01027--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 AM 9:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOBE MEDIA NETWORK LLC

Name of Limited Liability Company

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

Please turn all correspondence concerning this matter to the following:

Name of Person

Ugo V. Chiarato
1680 Michigan Ave. Ste. 1022
Miami Beach, FL 33139

Firm/Company

Address

City/State and Zip Code

UGO@UGOLCPA.COM

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

For further information concerning this matter, please call:

Ugo V. Chiarato
1680 Michigan Ave. Ste. 1022
Miami Beach, FL 33139

at (305) 899.5099
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25 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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 MAR -5 AM 9:06

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 AM 9:06

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 12/10/2007 and assigned
Florida document number L07000122313.

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)

1680 MICHIGAN AVE
SUITE 1022
MIAMI BEACH FL 33139

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:

UGO V CHIARATO

New Registered Office Address:

1680 MICHIGAN AVE # 1022

Enter Florida street address

MIAMI BEACH, Florida 33139
City Zip Code

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

Ugo V Chiarato

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.

Ugo V Chiarato

If Changing Registered Agent, Signature of New Registered Agent

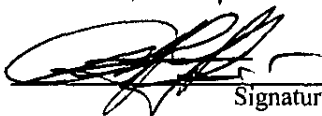
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUARDA MARIO	1680 HICKHIGAN AVE #1022 MIAMI BEACH FL 33139	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

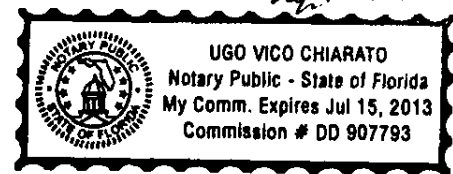
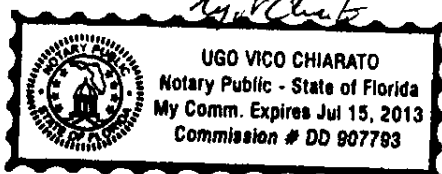
Dated FEBRUARY 25, 2012



Signature of a member or authorized representative of a member

DARRIGO GUILLERMO M + GUARDA MARIO

Typed or printed name of signee



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SOBE MEDIA NETWORK LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

12/10/2007

3. Date of filing/registration in Florida

607010122313

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SCIEGELY UTRERA P.A.

Registered Office Address:

1840 SW 22ND ST - 4TH FLOOR

MIAMI FL 33145

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

UGO CHIARATO

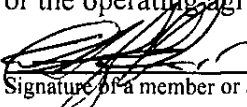
NEW Registered Office Address:

1680 MICHIGAN AVE #1022

(MUST BE FLORIDA STREET ADDRESS)

MIAMI BEACH, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

DARRIGO GUILLEMO M, MGR

Printed or typed name of signee

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.

Ly. V. C. & E
Signature of Registered Agent