

#1104000000700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

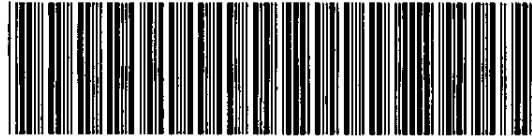
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALLY
EXAMINER
DEC - 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: pb blankets llc ~~d/b/a pb travel~~
Name of Foreign Limited Liability Company
document # M04000000700

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margherita Blanc

Name of Person

pb blankets llc

d/b/a pb travel

Firm/Company

1751 West Flagler Street

Address

Miami Florida 33135

City/State and Zip Code

mblanc@pb-travel.com

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

For further information concerning this matter, please call:

Margherita Blanc

Name of Person

at (305) 205-0128

Area Code & Daytime Telephone Number

305-649-0007

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

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1. Name of limited liability Company as it appears on the records of the Florida Department of State: pb blankets llc d/b/a pb travel
State: document # M04000000700
2. Jurisdiction of its organization: NEW YORK
3. Date authorized to do business in Florida: ~~2005~~ 2/23/2004

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please see attached to add

two individuals as Board Members and Directors

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Margherita Buonc

Signature of the authorized representative

MARGHERITA BUONICCONTI

Typed or printed name of signee

Filing Fee: \$25.00

Miami, November 18, 2014

To whom it may concern,

Please add the following individuals to the Board of Directors of pb blankets LLC

Martha Mugerza

Director of pb blankets LLC and Board Member

200 Ocean Lane Drive . Apt#206

Key Biscayne, Fl 33149

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TALLAHASSEE, FLORIDA

Mary Ann Halford

Director of pb blankets LLC and Board Member

200 West 90th Street

Apt 4 A

New York, New York 10024