

#M1400000208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number
(shown below) on the top and bottom of all pages of the document.

((H14000029273 3)))



H140000292733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: jvargas1@gate.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BB SOBE LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

RECEIVED
14 FEB -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 6 2014

FILED

2014 FEB -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000029273 3))

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BB SOBE LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 01/10/2014

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)(c), indicate that change: Manager: LUIGI RANIERI, 6355 NW 36 St, Suite 401, Miami FL 33166
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.

JAIRO VAREGAS
Signature of the authorized representative

JAIRO VAREGAS
Typed or printed name of signor

Filing Fee: \$25.00

((H14000029273 3))

FILED
2014 FEB -5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000004710 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BB SOBE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BB SOBE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5368566 8300

140017381

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1037846

DATE: 01-07-14

H14000004710 3