

L10000111380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

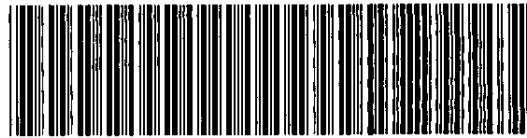
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vanguard Sensory Experience, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ingrid Garcia Ruiz
Name of Person

Vanguard Sensory Experience
Firm/Company

1907 Comstock Ave
Address

Los Angeles, CA 90025
City/State and Zip Code

ingalirui2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Garcia Ruiz
Name of Person

at (310) 689.6780
Area Code & Daytime 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

FILED
11 JUL 11 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vanguard Vensary Experience, LLC

(Name 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 10/26/2010 and assigned
Florida document number 410000111380

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Monarca Entertainment, LLC

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)

1907 Comstock Ave

Los Angeles, CA

90025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1907 Comstock Ave

Los Angeles, CA

90025

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:

MARY Nuñez

New Registered Office Address:

7790 NW 10th Court

Enter Florida street address

Plantation

City

Florida

33322

Zip Code

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

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.

Mary Nuñez
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

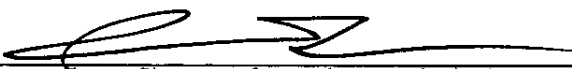
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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 11 JUL 11 AM 11:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated July 6, 2011



 Signature of a member or authorized representative of a member
Ingrid Garcia Ruiz

 Typed or printed name of signee