LIODI	0068165
(Requestor's Name) (Address) (Address)	500210440735
(City/State/Zip/Phone #)	500210440735 07729/1101034002 ***25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 11 AUG - 3 PH 12: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	D. BRUCE AUG 0 4 2011 EXAMINER

TO: Registration Division of C	Section orporations	
SUBJECT:	MONTSE EN	TERTAINMENT, LLC
SUBJECT		ited Liability Company
	of Amendment and fee(s) are su pondence concerning this matte	-
		Jose Reyes Name of Person
	Mo	ntse Entertainment, LLC Firm/Company
	818	1 NW 36 Street, Suite 5E Address
		Miami, Florida 33178
For further information	E-mail address: (	City/State and Zip Code
	Jose Reyes	at ( <u>305</u> ) <u>801-4722</u> Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
₽ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **COVER LETTER**

### COVERL

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### Montse Entertainment, 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 <u>6/10/2011</u> and assigned Florida document number <u>L11000068165</u>.

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)	N/A	
		SSE -3
		<sup>m</sup> a <b>≆ m</b>
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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Elec	ide stand address
	Emer Flor	ida street address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Annietere R. Bonnet	8181 NW 36 Street, #5E Miami, FL 33178	Add ✔ Remove 
			Add Remove
			Add Remove
			Add Remove 
			Add Remove
<u></u>			Add Remove
D. If amendin	g any other information, enter change(s	a) here: (Attach additional sheets, if necessary.)	FILED
	Gerely	Jui MMM authorized representative of a member	

L	eslie .	Jose	Zige	1
Typed	or prin	ted nai	me of :	signee

Page 2 of 2

Filing Fee: \$25.00