

L14 0000 67336

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2014  
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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: iHome Entertainment 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:

Pamela Montes  
Name of Person

Firm/Company

14548 Spotted Sandpiper Blvd  
Address

Winter Garden FL 34787  
City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela Montes at ( 352 ) 978-0489  
Name of Person 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

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

iHome 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 4/24/14 and assigned  
Florida document number L 14000067336

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)

Pamela Montes  
3831 W. Vine St  
Kissimmee FL 34741

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

Pamela Montes

New Registered Office Address:

3831 W. Vine St

Enter Florida street address

Kissimmee, Florida 34741  
City 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela Mantos	3831 W. Vine St	<input checked="" type="checkbox"/> Add
		Wissinger FL 34741	<input type="checkbox"/> Remove
AMBR	Jorge Santiago	Calle Ruizar 426	<input checked="" type="checkbox"/> Add
		Camino del Sur	<input type="checkbox"/> Remove
		Ponce P.R. 00716	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/30/, 2014



Signature of a member or authorized representative of a member

Pamela Montes

Typed or printed name of signee

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