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EXAMINER



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COVER LETTER

Division of Co			•	
SUBJECT:	Evil Monl	key Studios LLC		
SOBJECT.		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Matthew McLain			
	•	Name of Person		
•		Firm/Company		
	35	312 Haines Creek Rd		
		Address		
		Leesburg, FL 34788 City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c		,	
	tthew McLain	at (407)	374-3213	
Name o	of Person	Area Code & Daytime	e Felephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 2 Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evil N	Monkey Studios LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appear da Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	May 27, 2009	and assi	igned
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :		
	Mat Entertainment LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LI	.C" or the a	bbreviatior
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	our records, <u>enter th</u>	e name of	f the new
Name of New Registered Agent:	· - · · · · · · · · · · · · · · · · · ·			CT THE
New Registered Office Address:	En	ter Florida street addr	ss co	Technical Participal
		, Florida	F R	
	City		Zip Co de	
New Registered Agent's Signature, if changing Regist	ered Agent:	· ·	TE -5	

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

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
	 		Add Remove
			Add
٠			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	<u> </u>
	•		_
			
Dated	January 12	<u>, 2011</u> .	
		and men.	
	Signature of	f a member or authorized representative of a member	
		Matthew McLain Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00