113000036374

Office Use Only



100280861471

01/12/16--01011--002 **30.00

SEGRETARY OF STATE

FILED

JAN 13 2015 BHUCE

COVER LETTER

	gistration Sec vision of Corp					
CUDIECT.		K CREATURE COMPANY, I	LLC.			
SUBJECT:		Name of Limi	ited Liability Company			
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspon	dence concerning this matter	to the following:			
		Jason Michael Thomas				
	Name of Person					
	Blackjack Creature Company, LLC.					
Firm/Company						
	2309 Garden Chase Dr.					
		Address				
		Lakeland/ Fl 33812				
		City/State and Zip Code Tigerfx@msn.com				
		E-mail address: (to be used for future annual report notifica	tion)	8	- Sections
For further	information co	ncerning this matter, please ca	all:		NAL	17
Jason Mich	nael Thomas		863 738-5600 at ()	SSEE	12	
Enclosed is	Name of	Person e following amount:	Area Code Daytime To	elephone Number	2016 JAN 12 A 10: 27	Ö
\$25.00		\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate Certified Co (additional co	of Statu opy	

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

TO ARTICLES OF ORGANIZATION OF

BLACKJACK CREATURE COMPANY, L	LC.	
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our reco da Limited Liability Company)	rds.)
ne Articles of Organization for this Limited Liability orida document number	Company were filed on FEB. 19, 2013	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
onsterWorx Entertainment, LLC.		
e new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	DRESS)	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
many man ess MATI BENT OUT OF THEE BOX)	 	· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		SEER J
New Registered Office Address:		AN I
	Enter Florida street addr	
	City	Zip Code
v Registered Agent's Signature if changing Degister.	ed Agenty	一

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

or removed from our records:

MGR = Manager AMBR = Authorized Member .

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			Change
			Add
,			☐ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add Remove SKCKE TARY
			Add Remove Skicke Hary Of Sings Add Add Add Add Add Add Add Add Add Ad
			Remove
			Change
·			Add
			□ Remove

•					
		_		<u>.</u>	
-					
•		<u> </u>			
•					
	<u> </u>				
				· -	
,					
					•
		3 5.00	22		
		SES.	2016	and the same of th	_
		AR AS	JAN		
		- AND	2		
		773	->	3	-
		SE S	Ģ		-
		西斯	27		
F F 60					
E. Effect	ive date. if other than the date of filing:	(option	nal) iling A Pu	rsuant to 605	5.0207 (3)(h
Note:	If the date inserted in this block does not meet the applicable statutory filing requiren	nents, this	date wil	l not be list	ed as the
docur	nent's effective date on the Department of State's records.				
if the re	cord specifies a delayed effective date, but not an effective time, at	12:01 a.	m. on	the earli	er of:
	90th day after the record is filed.				
Dated	<u> </u>				
Daise	To the second				
	tran Trebut Ihmm				
	Signature of a member or authorized representative of a memb	per			
	Jason (lichael / homas				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00