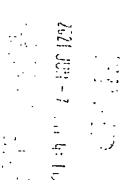
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(1302)

## **COVER LETTER**

TO:

TO: Registration S Division of Co				
SUBJECT. Constantly	Varied Management Group, LL	.c		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bijan Heravi			
		Name of Person		
	Constantly Varied Managn	<u> </u>		
		Firm/Company		
	9226 SW 67th Avenue			1 7
		Address	<u>-</u>	
	Miami, FL, 33156			1
	BijanHeravi@gmail.com	City/State and Zip Code		
	_	to be used for future annual report notifi	ication)	
For further information	concerning this matter, please co			Ē
Bijan	Heravi	at ( 305 ) 984-3782		
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)	Certified	te of Status &
Mailing Address Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Constantly Varied M	anagement Group, LL0	C	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	my were filed on	01/20/15	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
Ripple Sports Group, LLC			
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	-		
		. 45 -	•
			<u>:</u>
Enter new mailing address, if applicable:			····
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	ce address on our re	cords, <u>enter the na</u>	ime of the new regist
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		. Florida	
<del></del>	City	, Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Remove
			□Change
			□Remove
			Change
			□Add
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		<del></del>	□Remove
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If an effective of Note: If the	ate, if other than the date date is listed, the date must be so date inserted in this block of effective date on the Depart	pecific and car loes not mee	t the applicab	date of filing c le statutory f	or more than 90 iling requirer	(option days after the ments, this	iling.) Pursuant	to 605.0207 ( oe listed as t
document s c		e, but not an	effective tim	2, at 12:01 a.:	m. on the ear	lier of: (b)	The 90th day	y after the
e record spec	rifies a delayed effective dat							
e record spec ord is filed.	rifies a delayed effective dat May 30th		2021					
			2021		Ž			
ie record spec ord is filed.	May 30th		2021	zed representa	tive of a memb	per		_