# L17000068831

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AUG 07 2017 J SHIVERS

## **COVER LETTER**

Divi	ision of Corp	ocrations		
SUBJECT:	Hybrid Hyp	c Gaming LLC		
Sobject.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Alexander Pressoir		
			Name of Person	
			Firm/Company	
		860 S Fig Tree Lane		
			Address	
		Plantation, FL 33317		
		HybridHypeGaming@gmai	City/State and Zip Code il.com	
		E-mail address: (	to be used for future annual report notific	ration)
For further in	iformation co	ncerning this matter, please ca	all:	
Alexander P	ressoir		954 6673669	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

TO:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hybrid Hype Gaming LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000068831</u> .	ere filed on March 27, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and contain 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, e	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		30.7
	Enter Florida street address Florid	100 × 300 ×
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 for removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alexander Pressoir	860 S Fig Tree Lane	Add
		Plantation, FL 33317 US	☐ Remove
			Change
AMBR	Tobias Debraganca	2806 NW 111th Ave	
		Sunrise, FL 33322 US	Remove
			■ Change
AMBR	Andy Alexis	137 NW 107th Terr	
		Plantation, FL 33314 US	Remove
			■ Change
			□ Add
			□ Remove
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	<del></del>		Add
		<del></del>	□ Remove
			Change
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			Change

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<ul> <li>If the date inserted in this</li> </ul>	the date of filing:  must be specific and cannot be prior to date o s block does not meet the applicable stat e Department of State's records.	(optional) If filing or more than 90 days after tiling.) Pursuant to 605.tutory filing requirements, this date will not be listed
ecord specifies a dela e 90th day after the i		ffective time, at 12:01 a.m. on the earlie
d	2017	
	Oversion Signature of a member or authorized rep	

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Filing Fee: \$25.00