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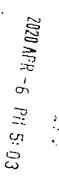
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**Registration Section** TO: **Division of Corporations** 

### HYBER VENTURES, 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:  GINA LUCIA RODRIGUEZ    Name of Person	SUBJECT:			
Please return all correspondence concerning this matter to the following:  GINA LUCIA RODRIGUEZ  Name of Person  LUCY ROSE HOLDINGS, LLC  Firm/Company  8930 West State Road 84, #334  Address  Davie, FL 33324  City/State and Zip Code gina@hybercreative.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GINA LUCIA RODRIGUEZ  754  250-9440  at (		Name of Lim	ited Liability Company	
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		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

HYBER VENTURES, 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 \_ \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_1.20000055988 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 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: LUCY ROSE HOLDINGS, LLC Name of New Registered Agent: 8930 West State Road 84, #334 New Registered Office Address:

#### 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.

Davie

Gina Lucia Rodriguez

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

## . MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> GINA LUCIA RODRIGUEZ	Address 8930 West State Road 84, #334, Davie, FL 33324	Type of Action
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March 24	, 2020	·		
		ucia Rodrigue thorized representative of		

Typed or printed name of signee