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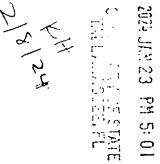
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Hype Media Name of Lin	Ventures LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Malcolm	Lemmons	
		Name of Person	
	Hype M	edia Ventures	LLC
		Firm/Company	
	180 NE	29th st #8	°04
		Address	
	Miumi. F	Florida 3313. City/State and Zip Code	7
	mal colm lea	mmons @ gmail,	(om
For further information	concerning this matter, please c		,
Malcolm	le mmons of Person	at / 202) 5	38 - 2082
Name	of Person	at (202) 5 Area Code	38 - 2082 Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for	the following amount:		P
\$\frac{1}{8}\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (*) (additional copy is enclosed)
Mailing Addre Registration Division of		Division	on Section of Corporations
P.O. Box 63 Tallahassee.		2415 N. N	re of Tallahassee Monroe Street, Suite 810 ee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hype Media Vent	rures LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2200036\$514</u>	were filed on 9 / 1 / 202	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Vetted Sports Ventures LLC The new name must be distinguishable and contain the words "Limited Liability	C	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	180 NE 29th St Mami, Florida 3	#804
(Mailing address MAY BE A POST OFFICE BOX)	Mami, Florida 3	3137
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the na	ime of the new registered
Name of New Registered Agent:		ω
New Registered Office Address:	Enter Florida street address	
		[7]
	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
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			Remove
			□Change
			🗆 🗖 Add
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Filing Fee: \$25.00