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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** FUBUTY, LLC SUBJECT: 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: Sarah Milano Name of Person Shark Group Enterprises, LLC Firm/Company 2916 N Miami Ave, 6th FL Address Miami, FL 33127 City/State and Zip Code sarah@thesharkgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Milano Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUBU TV, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Elorida document number 1.24000355692	August 13, 2024 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
DJ TV PROJECTS, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	24
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<del></del>	₩ 28 F
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	5 <b>5</b>
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter Pla	orida street address
City	, Florida
CIA:	/in 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 Changing Registered Agent, Signature of New Registered Agent

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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ffective date, if other than to an effective date is listed, the date lote: If the date inserted in this ocument's effective date on the	block does not meet	the applicable st	or ming of more diam	(optional) 190 days after filing.) Frements, this date w	Pursuant to 605.0207 ill not be listed as
record specifies a delayed effect lis filed.	tive date, but not an o	effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
August 26	2:	024			
	Signature of a mem	ber or authorized	representative of a ma	amber	
V					
Sarah Milano					