# L17000101457

| (Re                     | equestor's Name)       |  |
|-------------------------|------------------------|--|
| (Ac                     | ddress)                |  |
| (Ac                     | ddress)                |  |
| (Ci                     | ty/State/Zip/Phone #)  |  |
| PICK-UP                 | WAIT MAIL              |  |
| (Вс                     | usiness Entity Name)   |  |
| (Document Number)       |                        |  |
| Certified Copies        | Certificates of Status |  |
| Special Instructions to | Filing Officer:        |  |
|                         |                        |  |
|                         |                        |  |
|                         |                        |  |
| T <sub>ape</sub>        | Office Use Only        |  |



900264143509

09/17/14--01012--001 \*\*25.00

THE SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporation Corporation (Corporation Corporation) |                                    |                             | **                       |  |  |
|--|------------------------------------|-----------------------------|--------------------------|--|--|
| SUBJECT: Orang   | e Country, LLC                     | , 2 9 % g                   |                          |  |  |
|  | Name of Limited                    | Liability Company           |                          |  |  |
|  |                                    |                             |                          |  |  |
| The enclosed Articles of Ar  | nendment and fee(s) are submitt    | ed for filing.              |                          |  |  |
| Please return all correspond   | ence concerning this matter to the | ne following:               |                          |  |  |
|  | DeAnna Mont                        | emayor                      |                          |  |  |
|  |                                    | Name of Person              |                          |  |  |
|  | Wyoming Cor                        | porate Ser                  | vices, Inc.              |  |  |
|  |                                    | Firm/Company                |                          |  |  |
|  | 1712 Pioneer                       | Ave.                        |                          |  |  |
|  |                                    | Address                     |                          |  |  |
|  | Cheyenne, WY 82001                 |                             |                          |  |  |
| City/State and Zip Code  |                                    |                             |                          |  |  |
|  | E-mail address: (to be             | e used for future annual re | port notification)       |  |  |
| For further information con  | cerning this matter, please call:  |                             |                          |  |  |
| DeAnna Moi   | ntemayor                           | at (307) 63                 | 32-3333                  |  |  |
| Name of Person Area Code   |                                    |                             | Daytime Telephone Number |  |  |
| Enclosed is a check for the  | following amount:                  |                             |                          |  |  |
| ■ \$25.00 Filing Fee   | -                                  | □ \$55.00 Filing Fee &      | □ \$60.00 Filing Fee,    |  |  |
| -  | Certificate of Status              | Certified Copy              | Certificate of Status &  |  |  |

#### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Orange Country, 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 July 15, 2013 and assigned Florida document number L13000101457  |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
| Arise Gaming Florida LLC   |
| The new name must be distinguishable and end with 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 ne  |
| registered agent and/or the new registered office address here:  |
|  |
| Name of New Registered Agent:  |
| Now Posistered Office Address  |
| New Registered Office Address:  Enter Florida street address   |
| Florido in the state of the sta |
| riariis 77 ' " "   |
| New Registered Agent's Signature, if changing Registered Agent:  |
| I haraby accent the appointment as registered agent and agree to get in this canacity. I further agree to comply with the  |

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager | or |
|--|----|
| Authorized Member being added or removed from our records:   |    |

MGR = Manager AMBR = Authorized Member

1

| <u>Title</u> | Name          | Address     | Type of Action |
|--------------|---------------|-------------|----------------|
| <u> </u>     |               |             | Add            |
|              |               |             | □ Remove       |
|              |               |             | <del></del>    |
|              |               |             | □ Add          |
|              |               | <del></del> | □ Remove       |
|              |               |             | <del></del>    |
|              |               |             | 🗆 Add          |
|              |               |             | □ Remove       |
|              |               |             |                |
| <del></del>  |               | A C         | Add            |
|              |               | ALLAHASSE   | Remove         |
|              |               |             | Adde           |
| <del></del>  |               | 00 A A CO   | □ AddivF       |
|              |               |             | LJ Remove      |
|              |               |             |                |
|              | - <del></del> |             | _□ Remove      |
|              |               |             | _              |

| B. If argending any other information, enter change(s) here: (Attach additional sheets,  | if necessary.)       |
|--|----------------------|
|  |                      |
|  |                      |
|  |                      |
|  | ·                    |
|  |                      |
|  |                      |
|  |                      |
| E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9               | (optional)           |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State) | 00 days after        |
| Dated September 11th 2014  |                      |
| 11/1/1,  |                      |
| 11/0/lann 11/ tallman  |                      |
| Signature of a member or authorized representative of a member   |                      |
| DeAnna Montemayor, on behalf of, Wyoming Corporate Services, Inc   | c., Authorized Agent |
| Typed or printed name of signee  |                      |

Page 3 of 3

Filing Fee: \$25.00

14 SEP 17 AMII: 04
SECREPARY OF STATE
SECREPARY OF STATE

Kanera Grafina France