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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 2015
J. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RhinoCo Events 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:

Crystal Umpierre
Name of Person

RhinoCo
Firm/Company

12325 SW 131 AVE
Address

Miami, FL 33186
City/State and Zip Code

crystal@rhinocofitness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Umpierre at (305) 218-1636
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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

TO
ARTICLES OF ORGANIZATION
OF

RhinoCo Events 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 12/09/2013 and assigned
Florida document number L13000170036.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RhinoCo Equipment 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)

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

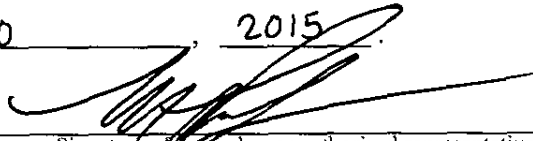
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Head Rhino Inc.	12325 SW 131 Ave	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
MGRM	Warrior Rhino Inc.	12325 SW 131 Ave	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
MGRM	GB Capital Enterprises Inc.	12325 SW 131 Ave	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
MGRM	Money Rhino Inc.	12325 SW 131 Ave	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
MGRM	RhinoCo LLC	12325 SW 131 Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Michael Alfaro, Head Rhino Inc.

Typed or printed name of signee