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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

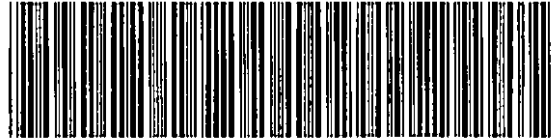
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 8 PM 10:43

January 4, 2018

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

RE: Pygmy Hippo Investments of Florida, LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Articles of Amendment and one copy
2. A check for \$30 for the Filing Fee
3. A pre-addressed envelope

Please file and return to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Amanda Phillips
Organizer

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pygmy Hippo Investments of Florida, 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 8/1/2017 and assigned
Florida document number L17000163393.

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)

3225 McLeod Drive, Suite 100

Las Vegas, Nevada 89121

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3225 McLeod Drive, Suite 100

Las Vegas, Nevada 89121

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18 JAN 8 PM 10:56

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Pidutti	4061 East Castro Valley Blvd, Suite 297	☐ Add
		Castro Valley, CA 94552 US	☒ Remove
			☒ Change
AMBR	Jillian Bauer	4061 East Castro Valley Blvd, Suite 297	☐ Add
		Castro Valley, CA 94552 US	☒ Remove
			☒ Change
AMBR	River Horse Rental Holdings, LLC	1623 Central Avenue, Suite 209	☒ Add
		Cheyenne, Wyoming 82001	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January, 2018

Amanda Phillips.

Signature of a member or authorized representative of a member

Amanda Phillips - Authorize Rep

Typed or printed name of signee