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(Re	equestor's Name)	
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COVER LETTER

TO:		stration Sec sion of Corp				
SUBJE		ONE TRIBI	E WELLNESS DISTRIBUTIO	ON, LLC		
	.01.		Name of Lim	ited Liability Company		
The end	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspor	ndence concerning this matter	to the following:		
			Jaime Giroux			
				Name of Person		_
			SUSTAINABLE SYNERO	GY, INC.		
				Firm/Company	iling. wing: c of Person Company ddress and Zip Code r future annual report notification) Company Daytime Telephone Number O Filing Fee & Solution Status & Certificate of Status & Certified Copy tional copy is enclosed)	
			2014 Edgewater Dr., #116			
				Address		
			Orlando FL 32804			
			jaime@sustainablesynergy.c	City/State and Zip Code		
			E-mail address: (1	to be used for future annual re	port notification)	
For furt	ther in	formation co	oncerning this matter, please ca	all:		
	rw	Name of	Person	at (40) Area Code	03-8881 Daytime Telephone Number	er
Enclose	ed is a	check for the	e following amount:			
\$25	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certifie	ate of Status &

MAILING ADDRESS:

12

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 OCT 30 PM I2: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zip Code

ONE TRIBE WELLNESS DISTRIBUTION, 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 and assigned
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)
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 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

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.

City

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 = A	Authorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
MMBR	AQUILIA CAPITAL, INC.	2014 Edgewater Dr #116, Orlando	Add
			Remove
			Change
MMBR	EPRODUCTMINE, LLC	2014 Edgewater Dr. #116 Orlando	
			Remove
		·	☐ Change
			Add
			□ Remove
			Change
		·	Add
			Remove
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			Change

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ective date, if other the effective date is listed, the te: If the date inserted is cument's effective date of	date must be specific in this block does no	and cannot be prior to da of meet the applicable	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	ant to 605.0207 (3)(b)
record specifies a c he 90th day after t	lelayed effective he record is file	e date, but not ar d.	n effective time, a	it 12:01 a.m. on th	e earlier of:
October ted	1	-, 2015	1.		
	Stonature of	f a member or authorize	1 representative of me	mber	
\	January O.	unity	a representative of a file		

Page 3 of 3

Filing Fee: \$25.00