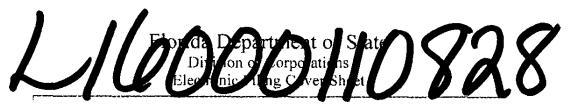
Division of Corporations



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(((H16000151868 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062

: (323)962-8600 Fhone

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used in future annual report mailings. Enter only one email address pleases

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRIBE PRODUCTS, LLC

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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	TRIBE PR	ODUCTS, LLC			
CODSECT.		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 111	th Floor		
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		oscar.orchilles@gmail.co			
			to be used for future annual report notific		
For further is	nformation co	oncerning this matter, please c	all:	JUN	
Cheyenne	Moseley		800 773-0888 ex	t. 9724 SS 2	
	Name of	Person	Area Code Daytime	Telephone Number CF ST D Z	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Sectificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cltv	Zin C	ode
	, Florida	
	Florida stregt address	
New Registered Office Address:		
Name of New Registered Agent:		
	> L	•
registered agent and/or the new registered office address here:)
B. If amending the registered agent and/or registered office address	on our records, enter the na	me of the ne
)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2
Enter new mailing address, if applicable:	792 2	
Futor and mailing address if and leader	CRE LAH	
		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "Limited Liability Company,"	the designation "LLC" or the abbreviati	ion "L.L.C."
Omnio, LLC		
A. If amending name, enter the new name of the limited liability company	y here:	
This amendment is submitted to amend the following:		
Florida document number L16000110828	•	
The Articles of Organization for this Limited Liability Company were filed on	and	d assigned
	06/09/2016	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	pears on our records.)	
rkide rkoducis, lll		

New Registered Agent's Signature, if changing Registered Agent:

TREE DROPLICES II C

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:

(T)(A)			
Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			□ Add
			□ Remove
		-	
			Remove
		-	SSE PAN
			FREMOVE C
		A	□ Add
			☐ Remove
			D Add
			□ Remove

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he date thi	date, if other than the date of filing: e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State) 06/20/2016
Effective The effective the date this	s document is filled by the Florida Department of State)
the date thi	s document is filled by the Florida Department of State)

Page 3 of 3

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