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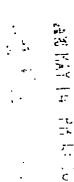
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COVER LETTER

то:	Registration Se Division of Cor			•
emb H		LISTIX LLC		
SUBJE		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	د.
		JOSEPH C. WASCH		ty an
		WASCH RAINES LLP	Name of Person	
			Firm/Company	
		2500 N. MILITARY TRAI	L. \$ UITE 100	
			Address	
		BOCA RATON, FL 33431		
		JWASCH@WASCHRAINE	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	II:	
JOSEPH C. WASCH, ESQ.		561 693-3221 at ()		
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURALISTIX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(ATW	Compa	113.7	
The Articles of Organization for this Limited Liability	{ Company were filed on	JUNE 19, 2017	and assigned ,
Florida document number L17000133642	<u> </u>		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	mited liability compan	y here:	
The new name must be distinguishable and contain the words	.imited Liability Company." t	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or re	, ,	on our records, enter	the name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
_		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registo	red Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	l complete performance agent as provided for cred office address, I he	of my duties, and I am f in Chapter 605, F.S. Or,	familiar with and if this document is
	If Changing Registere	d Agent. <u>Signature of New Re</u>	gistered Agent
	Page 1 of 2		

Page 1 of 3

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>	Address	Type of Action
MGR	ADAM FURMAN	5455 N. FEDERAL HIGHWAY	_□ Add
		SUITE 0	
		BOCA RATON, FL 33487	■ Remove
		BOCA RATON, FL 33487	□ Change
AMBR	SAIBOT MEDIA INC.	5455 N. FEDERAL HIGHWAY	
		SUITE 0	
			□ Remove
		BOCA RATON, FL 33487	Change
		_	Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
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E. Effecti	ve date, if other than the date of filing:	(optional)
(If an effe	ective 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)(1) applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's	
f the rec b) The	ord specifies a delayed effective date, 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
	MAY 10 20	19
Dated_	. 20	<u>' [</u>
	(12 1 N/)	()
	Aft (c N/ll	1a_
	Signature of a member	or authorized representative of a member
	JOSEPH C. WASCH, AUTHORIZED REF	RESENTATIVE
		d or printed name of signee
	.,,,-	

Page 3 of 3

Filing Fee: \$25.00