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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Division of Corporations	r P
SUBJECT: THE IRIS HOLDING Name of Limited Liability Co	many
, , , , , , , , , , , , , , , , , , ,	6 p
The enclosed Articles of Amendment and fee(s) are submitted for filing	3
Please return all correspondence concerning this matter to the following	हु:
JOHN J. D'AND	المراسية
Name of P	erson (8
	n in the second of the second
THR FRIS HOLDING	TG GROUPLIC
rim/Com	pany
2610 RACE Trac	KRD
Addres	8
	-5/2/
Tompa, FC City/State and I	33626
He-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	21 1946 210 210
	#16RG
John D'ANGECO at (22)	7) 564-7979 Area Cq: ::: Daytime Telephone Number
Name of Person	Area Cc Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Fil	ling Fee & . \$60.00 Filing Fee,
Certificate of Status Certified	Certificate of Status & Certified Copy
(auditor	(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 Emaintive Center Circle Tallah(880), FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

10 JUL 12 AM 10: 56

SECRETARY OF STATE

THE IRIS HOLDING GROCEP, LLC TALLAHASSEE, FLORIDA

(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 <u>03/25/20/0</u> and assigned Florida document number <u>2/00000 3295-4</u>.

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 end with-the-words-"L" L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our records, enter the name of the new
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MIGRIAL - IV	ianaging Member		- # 5 - E 3	
<u>Title</u>	Name	Address		Type of Action
MGR.	NKHOLAS HOLDINGS, LLC	12610 TAMPA,	RACH TRACK RD FC33626 45	Add Remove
MGR.	Todd E. SHEPMER	12610 K TOmpe	PAGE TRACK RP. LEC 33626 45	Add Remove
				Add Remove
				Add Remove
				Add Remove
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D. If amend	ling any other information, enter change((s) here: (Attack	a callitional sheets, if necessary.)	10 JUI SECRI
		W		FILED 12 AM 10: 56 TARY OF STATE HASSEE, FLORID
Dated	07/07/2010		· · · · · · · · · · · · · · · · · · ·	ATE PRIDA
			es entative of a member	
	JOHN J. D'ANGE.	or printed name of	rignee	

Page 2 of 2

Filing Fee: \$25.00