

L160000071282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

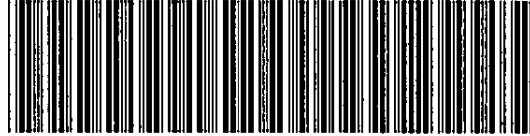
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 02 2016

WARREN
S. MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRIS DEVELOPMENT USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES SANCHEZ

Name of Person

IRIS DEVELOPMENT USA LLC

Firm/Company

7950 NW 53 STREET SUITE 132

Address

DORAL FL 33166

City/State and Zip Code

GABRIEL.SANCHEZ@IDENTIDADTELECOM.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES SANCHEZ

Name of Person

at (786) 546-7727

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate 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

IRIS DEVELOPMENT USA LLC

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA P. MERCED	7950 NW 53 ST STE 132	<input type="checkbox"/> Add
		DORAL FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA A. SINTES	7950 NW 53 ST STE 132	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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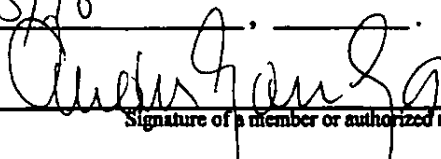
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DISTRICT OF FLORIDA

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

N/A

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 05/25/16


Signature of a member or authorized representative of a member

ANDRES SANCHEZ

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA