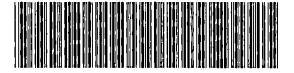
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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |  |
|--|--|---|--|--|
| SUBJECT:                               | IS DEVELOPI<br>Name of Lim                   | NENT USA L<br>ited Liability Company  | LC   |  |
|  | Amendment and fee(s) are sub                 | -   |  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |  |
|  |  | SANCHE 2<br>Name of Person  |  |  |
|  | IRIS DEVEL                                   | OPMENT USA<br>Firm/Company  | 11C  |  |
|  | 848 BRICK                                    | ELC AVE STE   | 810  |  |
|  | <u>m:Ami</u>                                 | FL 33131  |  |  |
|  | ADMIN & E-mail address: (                    | City/State and Zip Code  Obstit/DADTELECON  to be used for future annual report notit | M. NET   |  |
| For further information co             | oncerning this matter, please c              | all:  |  |  |
| ANDRES Name of                         | SANCHE Z Person                              | at ( <u>786</u> ) <u>2 42 ·</u><br>Area Code Daytimo                                  | 2224<br>Telephone Number   |  |
| Enclosed is a check for th             | ne following amount:                         |   |  |  |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)                   | ☐ \$60.00 Filing Fec,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |  |
|  | ING ADDRESS:                                 | STREET/COURI  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IRIS DEVELOPMENT  | USA LLC  |                         |                                       |
|---|--|-------------------------|---------------------------------------|
| IRIS DEVELOPMENT<br>(Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on ou<br>Liability Company)   | r records.)             |                                       |
| The Articles of Organization for this Limited Liability Company   | were filed on  | 11/16                   | and assigned                          |
| Florida document number $4/600007/282$ .  | /  | /                       |                                       |
| This amendment is submitted to amend the following:   |  |                         |                                       |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                         |                                       |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation  | on "LLC" or the abb     | reviation "L.L.C."                    |
| Enter new principal offices address, if applicable:   |  | -                       |                                       |
| (Principal office address MUST BE A STREET ADDRESS)   |  | <u>-</u>                | · · · · · · · · · · · · · · · · · · · |
|   |  | _ <del>-</del>          |                                       |
| Enter new mailing address, if applicable:   |  |                         |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | niling address, if applicable:  ess MAY BE A POST OFFICE BOX)  ling the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here: |                         |                                       |
|   | T-   | -                       | 4.2                                   |
|   |  |                         | 1                                     |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | records, <u>enter i</u> | the name of the new                   |
|   |  |                         |                                       |
| Name of New Registered Agent:   | •  |                         | •                                     |
| New Registered Office Address: 848 1  | BRICKELL AVO<br>Enter Florida stree  | 5. SU                   | (ITE 8/0                              |
| mi Ai   | <b>%</b> (   | , Florida <u>-</u>      | 33/3/                                 |
|   | 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 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 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 |

| Title | Name | Address     | Type of Action |
|-------|------|-------------|----------------|
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| ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filing or mate:  If the date inserted in this block does not meet the applicable statutory filing the cument's effective date on the Department of State's records. | (optional)<br>ore than 90 days after tiling.) Pursuant to 605<br>g requirements, this date will not be list | 5.02<br>ed   |
| record specifies a delayed effective date, but not an effective the 90th day after the record is filed.  | ime, at 12:01 a.m. on the earlie  | er           |
| ed 10/10/18  |   |              |

Page 3 of 3

Filing Fee: \$25.00