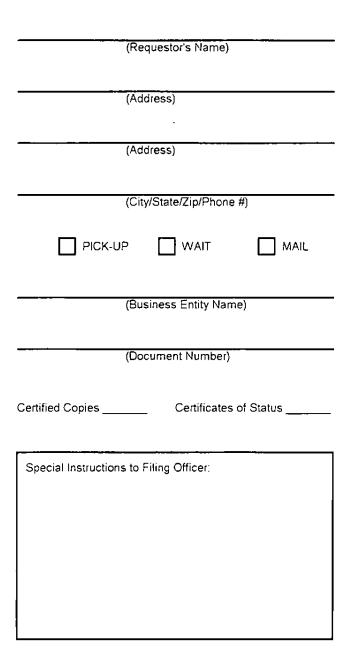
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COVER LETTER

TO: **Registration Section Division of Corporations**

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IRIS REALTY LLC

SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all corresponder	ondence concerning this matter to	the following:	
	Barry Chase		
		Name of Person	
	ChaseLawyers		
		Firm/Company	<u>.</u>
	21 SE 1st Ave., Suite 700		
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	barry@chaselawyers.com		
	E-mail address: (to	be used for future annual report notifi-	cation)
For further information of	concerning this matter, please cal	l:	
Barry Chase		305 373-7665	
		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIS REACTY LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L17000213345		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
RIS REALTY INTERNATIONAL LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRI	<u> </u>	20:
		<u> </u>
		,3 ·
San and the address of continuous		വ് 🕟
Enter new mailing address, if applicable:	N/A	=======================================
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u>2</u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street address	
·	Florid	a
	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

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□ Change

					
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effec te: If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot the date inserted in this block does not meet that's effective date on the Department of State's	nt be prior to date one applicable state	filing or more than 90 utory filing requirem	(optional) days after filing.) Pursuar ents. this date will not	nt to 605.020 be listed a
cord s file	specifies a delayed effective date, but not an eff d.	fective time, at 1	2:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
	larch 18, 2024				
ed _		·			
	1000				
	Signature of a member	er or authorized re	presentative of a member	er	

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