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### **COVER LETTER**

SUBJECT:	IRIS SC LLC		
NOBJECT,		ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Rafael Bona		
	Iris SC LLC	Name of Person	·
	1694 Bayhill Drive	Firm/Company	
	Oldsmar, FL 34677	Address	
	bebotbona@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti-	lication)
For further informatio	n concerning this matter, please ca	all:	
Rafael Bona		at () 439-2677 at ()Daytime	
Nan	ie of Person	Area Code Daytim	e Telephone Number
Enclosed is a check to	or 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:

TO:

Registration Section Division of Corporations

> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	IRIS SC LLC	2019	MIG 28 PH 3: 27
( <u>Name of the Limite</u>	d Liability Company as it now appea A Florida Limited Liability Company)	ers on our records.)	<u> </u>
The Articles of Organization for this Limited Lie	ibility Company were filed on _	08/06/2019	and assigned
Florida document numberL19000199519			_
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:  (Mailing address M.4Y BE .4 POST OFFICE B			
B. If amending the registered agent and/oregistered agent and/or the new registered off		n our records, <u>ent</u>	er the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florida	Zip Code
	Cuv		za coac

#### 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BONA, ZEFF	1694 Bayhill Dr. Oldsmar, FL 34677	<b>■</b> Add
			<b>=</b> Add
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MGR	BONA, BEBOT	1694 Bayhill Dr, Oldsmar, FL 34677	
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`an effective d <b>Sote:</b> If the	te, if other than the date late is listed, the date must be sp date inserted in this block do ffective date on the Department	of filing:ecific and cannot be prior pes not meet the applic	to date of filing or able statutory fili	more than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 6 is date will not be li	605.0207 ( isted as t
e record s The 90th	specifies a delayed effe day after the record is	ctive date, but no s filed.	ot an effective	time, at 12:01	a.m. on the ear	lier of:
ated	August 26,	2019	<u> </u>			
_	Sign	ure of a member or author	orized representativ	e of a member		
	Raf	FAEL BOVA Typed or printe	-			