## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IRIS INNOVATIONS CAMERA SOLUTIONS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIS INNOVATIONS CAMERA SOLUTIONS LLD			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000031482	ny were filed on 02	01 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	ere:	
Iris Innovations LLC			
The new name must be distinguishable and contain the words "Limited Liu	bility Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	<del></del>	<u> </u>
			SER P
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)			10 E
			型点 32 配合 22
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our re	ecords, <u>enter the nat</u>	ne of the new registers
New Registered Office Address			
	timer r ior	ida street address	
	City	, Florida	Zip Code
			Lip Cont
New Registered Agent's Signature, if changing Registered Ager			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of s provided for in C	my duties, and I am Thapter 605, F.S. Oi	familiar with and tif this document is
ист	nunging Registered Ap	ent, Signature of New R	egistered Agent

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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>	Address	Type of Action
AMBR	Mark Edwards	7901 4th St N STIE 300	<b>®</b> Add
		St. Petersburg, FL, 33702	□Remove
			DChange
			□Add
			□Remove
			[]Change
			∐Add
			□Remove
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		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	L3Remove
			☐Change
			□Add
			∏Remove

				(((H21000414619 3)))		
If amending any other info	mation, enter c	thange(s) here:	(Attach additional)	sheets, if necesse	ny.)	
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	must be specific an is block does not:	id cannot be prior to meet the applicabl	date of tiling or more th	(optional nan 90 days after fili puirements, this da	ng.) Pursuant	to 605 0207 ( se listed as t
e record specifies a delayed efferd is filed.	ective date, but no	ot an effective time	e, at 12:01 authorith	e earlier of: (b)	The 90th day	y after the
Daied: 11 / 05 / 6	21				A A SE	561 NOV -9   AM 11:
	Signature of a	member or authoriz	ed representative of a.	member:		-9   <b>#</b>
	$C_{i}$	ARL HI	TCHesch		10A	=======================================

Typed or printed name of signee

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