

h21 000031482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

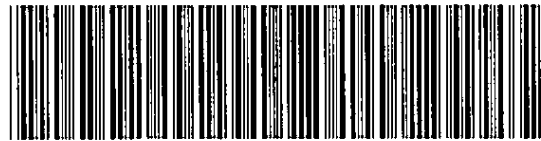
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2022 JUL 19 PM 12:17  
U.S. District Court  
Northern District of California

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IRIS INNOVATIONS 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:

MARK EDWARDS

Name of Person

IRIS INNOVATIONS LLC

Firm/Company

581 SE 13TH STREET

Address

DANIA BEACH, FLORIDA, 33004

City/State and Zip Code

mark.edwards@boat-cameras.com

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

For further information concerning this matter, please call:

MARK EDWARDS

Name of Person

at ( 754 ) 755 5754

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

IRIS INNOVATIONS LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2021 and assigned  
Florida document number L21000031482

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

969 WEST COMMERCIAL BLVD  
PINE RIDGE PLAZA  
FORT LAUDERDALE, FLORIDA, 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

969 WEST COMMERCIAL BLVD  
PINE RIDGE PLAZA  
FORT LAUDERDALE, FLORIDA, 33309

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARL HITCHCOCK	581 SE 13 <sup>TH</sup> STREET	<input type="checkbox"/> Add
		APT 207, DANIA BEACH	<input type="checkbox"/> Remove
		FL, 33004	<input checked="" type="checkbox"/> Change
AMBR	GARY O'BRIEN	581 SE 13 <sup>TH</sup> STREET	<input type="checkbox"/> Add
		APT 207, DANIA BEACH	<input type="checkbox"/> Remove
		FL, 33004	<input checked="" type="checkbox"/> Change
AMBR	MARK EDWARDS	581 SE 13 <sup>TH</sup> STREET	<input type="checkbox"/> Add
		APT 207, DANIA BEACH	<input type="checkbox"/> Remove
		FL, 33004	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

2027 JUN 19 PM 12:17  
T. J. B. G. S. T. C.

**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 JULY 14<sup>TH</sup> 2022

M. E. Edred

Signature of a member or authorized representative of a member

MARK EDWARDS

Typed or printed name of signee