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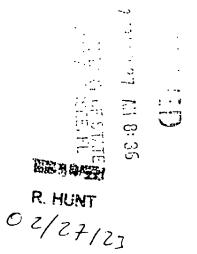
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COVER LETTER

Division of Cor						
New Star C	reations By Iris LLC					
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Iraida Rodriguez					
		Name of Person				
	New Star Creations By Iris	s LLC			~)·	
		Firm/Company			• • •	
	345 E Weatherbee Rd.			.: :	3 27	(us
		Address		—: 	£.	! 1
	Ft Pierce, FL 34982			一門の一門	F 144 8: 36	***
	newstarcreations@icloud.co	City/State and Zip Code		[7]	Š	
		to be used for future annual report	notification)	-		
For further information c	oncerning this matter, please co	all:				
Iraida Rodriguez		772 240-197	7			
Name o	f Person	at () Area Code Dag	ytime Telephone Numb	ær	_	
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Focate of Sed Copy al copy is	tatus &	
Mailing Addres		Street Address				
Registration S Division of C		Registration Division of (Section Corporations			
P.O. Box 632			of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Star Creations By Iris LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>.s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/18/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	÷ i
Enter new principal offices address, if applicable:		· · · 3
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	ប	orida
		Orida 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>	Address	Type of Action
P	Iraida Rodriguez	345 E Weatherbee Rd	□Add
		Ft Pierce, FL 34982	□Remove
			Change
MGR	Iraida Rodriguez	345 E Weatherbee Rd.	□Add
		Ft Pierce, FL 34982	=== □Remove
			□Change
			⊟ ⇔ E ⊕ ⊕ □Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical ument's effective date on the Department of State's records.	o date of tiling or more ble statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.02 will not be listed a
cord specifies a delayed effective date, but not an effective times filed.		he earlier of: (b) The	e 90th day after th
ed February 22. 2023	_•		
0. 50			

Filing Fee: \$25.00