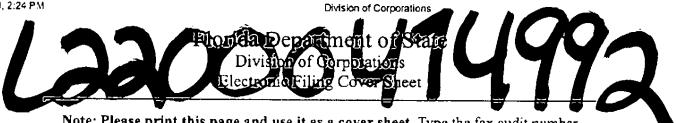
4/18/23, 2:24 PM

 $2\pm 3$ 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000144830 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

\*\*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 GALERIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help LEMIEUX APR 19 2023

1/1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRIS GALERIE LLC			
(Name of the Limited Limbility Company as it now appears on o (A Florida Limited Limbility Company)	ar records.)		
The Articles of Organization for this Limited Liability Company were filed on	/2022	and ass	signed
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 comain the words "Limited Liability Company," the designs	ion "LLC" or the so	breviation "L	L C "
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
	· · · · · · · · · · · · · · · · · · ·		·
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			
8. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address bere:  Name of New Registered Agent:  New Registered Office Address:	, enter the name	of the new	registered
Enter Florida street	er address		
****	Floride	<u>`-</u> `.	<u>~</u>
Cap Company A and a Change of the Cap		Zur Code	193
New Resistered Assent's Stenature, if changing Registered Assent:  I hereby accept the appointment as registered agent and agree to act in this capaci- provisions of all statutes relative to the proper and complete performance of my du- accept the obligations of my position as registered agent as provided for in Chapte, being filed to merely reflect a change in the registered office address, I hereby conformany has been notified in writing of this change.	ites, and I am for	miliar with Chiefelean	und <sub>o</sub>
		•	2∙ 2•
V (75.		·	<u>ပ</u>
If Changing Registered Agent, Sign	miture of New Regis	mered 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> Магре</u>	Address	Type of Action
AMBR	EMERIC WEHBEH	9350 S DIXTE HWY	
		STE 1250	
		MIAMI. FL 33156	
AMBR JRIS GALERIE	IRIS GALERIE	35 RUE DE L'ANNONCIATION	
		75016 PARIS, FRANCE	≅Add
			•
			· <del>-</del>
		<del></del>	□Change
<del></del>			
			□Remove
			□ Change
			DAdd
			□Remove
			DChange
			DAUC
			<b>Д</b> Rетюче
			DChange

	•
_	
-	
_	
-	
_	
_	
_	
_	
-	
_	
_	
_	
-	
Effectiv	we date, if other than the date of filing:  (optional)  (optional)  (optional)  (the 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 605,020
TOLE:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not served as on the Department of State's records.
e record rd is file	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
Dated_	d1/18/23
	i AU
	Signature of a member or authorized representative of a member