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.

(((H230001314873)))



H230001314873ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for—future

PEREMAIL Address:

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **5PKAI ORION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5Pkai Orion LLG		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000146283	were filed on 03/22/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Thermal dual test in the second		
 If amending the registered agent and/or registered office a agent and/or the new registered office address here: 	address on our records, <u>enter the na</u>	me of the new registers
	`	20:
Name of New Registered Agent:		
New Registered Office Address:		2023 (Troc)-
	Enter Florida street address	9 .
	Florida _	, TP (;
	City	Zip Codo
New Registered Agent's Signature, if changing Registered Agent:		<u>ن</u>

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	5Pkai LLC	7901 4th St N STE 300	XI Add
		St. Petersburg FL 33702	P □ Remove
			□Change
MGR	Pheng, Kharina	7901 4th St N STE 300	X]Add
		St. Petersburg FL 33702	□Remove
			□Change
MGR	Montemarano, Salvatore	7901 4th St N STE 300	X:Add
		St. Petersburg, FL 33702	□Remove
			□Change
MGR	Pheng, Conrad	7901 4th St N STE 300	X∂Add
		St. Petersburg, FL 33702	□Remove
			□Change
MGR	Seng, Chantha	7901 4th St N STE 300	XIAdd
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _____ 04/07 Signature of a member or authorized representative of a member **NAT SMITH** Typed or printed name of signee

Filing Fee: \$25.00