

L23000146283

Florida Department of State
 Division of Corporations
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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 annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SPKAI ORION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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RECEIVED
 DIVISION OF CORPORATIONS
 5/10/2023 9:11:10 AM

2023 MAY 9 PM 12:01

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

5Pkai Orion 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 03/22/23 and assigned Florida document number L23000146283.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

2023 MAR 29 PM 1:01

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> |
|--------------|-------------------------------|---------------------------------|---|
| <u>MGR</u> | <u>5Pkai LLC</u> | <u>7901 4th St N STE 300</u> | <input checked="" type="checkbox"/> Add |
| | | <u>St. Petersburg FL 33702</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Pheng, Kharina</u> | <u>7901 4th St N STE 300</u> | <input checked="" type="checkbox"/> Add |
| | | <u>St. Petersburg FL 33702</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Montemarano, Salvatore</u> | <u>7901 4th St N STE 300</u> | <input checked="" type="checkbox"/> Add |
| | | <u>St. Petersburg, FL 33702</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Pheng, Conrad</u> | <u>7901 4th St N STE 300</u> | <input checked="" type="checkbox"/> Add |
| | | <u>St. Petersburg, FL 33702</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Seng, Chantha</u> | <u>7901 4th St N STE 300</u> | <input checked="" type="checkbox"/> Add |
| | | <u>St. Petersburg, FL 33702</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

