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.

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**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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 ORION PROCESS TECHNOLOGIES, LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orion Process Technologies, LLC						
(Name of the Lim	ited Liability Compan (A Florida Limited Li	iy as it now appears on our rec ability Company)	ords.)			
The Articles of Organization for this Limited I	Liability Company v	were filed on 03/05/2004		and	assigne	d
Florida document number L04000017889						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liabil	lity company here:				
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "	LE.C" or the abb	eviation	"L.L.C.	<del>,</del>
Enter new principal offices address, if appli	cable:	801 US Highway 1				
(Principal office address MUST BE A STRE	ET ADDRESS)	North Palm Beach, FL 334	08		<del></del>	<del></del>
		801 US Highway 1			72.70	
Enter new mailing address, if applicable:		North Palm Beach, FL 334			<del>- <u>-</u></del>	<del></del>
(Mailing address MAY BE A POST OFFICE	<u>S BOX)</u>	Notal Cally Death, 12 1894	<del></del>		1/2	<del></del>
					<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			ords, <u>enter t</u>	he 'nan	nei of 1	<u>the ne</u>
Name of New Registered Agent:	Corporate Creat	ions Network Inc.				
New Registered Office Address:	801 US Highwa	·				··
		Enter Florida street ad				
	North Palm Bea	ch City	Florida 3346	2ip Ce	×le	
		City.		info Col		

## 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.

Jenisa Irizarry, Special Secretary

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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
****			Add
			□ Remove
			Change
			🗖 Add
			☐ Remove
			Change
			□ Add
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			Change
		□ Remove	
			☐ Change
			Add
	<u> </u>	□ Remove	
			☐ Change

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 605.020 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date and advanced effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated  November 12th  2020  Signifuge of a member or authorized representative of a member		<u></u>	
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Typed or printed name of signee

Filing Fee: \$25.00