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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

DEC 1 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations										
SUBJEC	т: (	CR	ORION	LLC						
30000			Name of Limi	ted Liability Compa	ny	·····				
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:										
CARWS CEVALUOS										
Name of Person										
er orion he										
Firm/Company										
	648 NANDINA DR.									
	Address  WBSTW FL 33327  City/State and Zip Code									
E-mail address: (to be used for future annual report notification)										
For further information concerning, this matter, please call:										
CARLOS CEVALOS				at (78b) 210 4691  Area Code & Daytime Telephone Number						
Enclosed	is a check for the f	following	amount:		·	,				
\$25.00	0 Filing Fee [		Filing Fee & ficate of Status	\$55.00 Filing Certified Co (additional c	Fee & py opy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS:			STREET/COURIER ADDRESS:							

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 s Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR (	RION	LLC		
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L. Florida document number	iability Company	y were filed on <u>3</u>	13/2006	and assigned
This amendment is submitted to amend the follo	owing:			•
A. If amending name, enter the new name of $ORION = NER$			:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compan	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:	Aln		<u> </u>
(Principal office address MUST BE A STREE	TADDRESS)			30 SEC. 18
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	4/12		C 11 PH 12: OU
B. If amending the registered agent and/registered agent and/or the new registered of	~		ir records, enter the	e name of the new
Name of New Registered Agent:	ALM			
New Registered Office Address:		Ente	er Florida street addre	ss
			, 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 608, 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 ame ding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** Name 1 Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove  $\prod$ Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated DEC. 8 Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00