

LD6000056570

Florida Department of State
Division of Corporations
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L. SELLERS

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JUL 16 2008

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : J.E. OYARCE & ASSOCIATES
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

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ORION HEALTH, LLC

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07/09/08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORION HEALTH, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE E OYARCE

(Name of Person)

JE OYARCE & ASSOCIATES

(Firm/Company)

199 SW 12th AVENUE, SUITE 11

(Address)

MIAMI, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E OYARCE

(Name of Person)

at **(305) 324-2248**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



July 11, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ORION HEALTH, LLC
802 NW 173 TERRACE
PEMBROKE PINES, FL 33029

SUBJECT: ORION HEALTH, LLC
REF: L06000056570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H08000159420
Letter Number: 008A00040919

P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 JUL 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORION HEALTH, 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 6/1/06 and assigned
Florida document number L06000056570

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ORION MEGA GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevi-
"L.L.C."

Enter new principal offices address, if applicable:

8357 W. FLAGLER STREET #346

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33144

Enter new mailing address, if applicable:

8357 W. FLAGLER STREET #346

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33144

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A

(Enter Florida street address)

(City) Florida

(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 amending 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

Title	Name	Address	Type of Action
MGRM	ALEJANDRO CAGGIANO	8357 W. FLAGLER ST., #346 MIAMI, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEONARDO O ENGEL	8357 W. FLAGLER ST., #346 MIAMI, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 9, 2008

LEONARDO O ENGEL

Signature of a member or authorized representative of a member

X

Typed or printed name of signee

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Filing Fee: \$25.00

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