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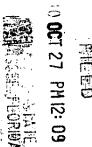
(Requestor's Name)							
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S. HAWKES

OCT 2 8 2010

EXAMINER

COVER LETTER

TO: : Registration Section

Division	of Corporations					
SUBJECT:	Orion Ae	erospace, LLC				
		ed Liability Company				
The enclosed Art	icles of Amendment and fee(s) are sub-	mitted for filing.				
Please return all o	correspondence concerning this matter	to the following:				
		Timothy S. Crannell Name of Person				
		readile of Person				
	0	Orion Aerospace, LLC				
	Firm/Company					
		7698 Windover Way				
		Address				
	·	Titusville, FL 32780				
	ti @	City/State and Zip Code	_			
	E-mail address: (to	ionspaceengineering.cor	tification)			
For further inforr	nation concerning this matter, please ca	all:				
	Tim Crannell	at (321)	591-0374			
	Name of Person	Area Code & Dayt	ime Telephone Number			
Enclosed is a che	eck for the following amount:					
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) Sed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Sec	corations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Orion Aero	space, LLC		
(Name of the Limited (A	Liability Comp Florida Limited	any as it now app Liability Compan	oears on our records. ly))
The Articles of Organization for this Limited Lia Florida document number	-	ny were filed on _	September 28,	2006 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lia	bility company	here:	
	N/	/ A		6
The new name must be distinguishable and end with "L.L.C."	the words "Lir	mited Liability Co	mpany," the designation	on "Lt.Coor no abbreviation
Enter new principal offices address, if applica	ıble:	N/A		
(Principal office address MUST BE A STREE)	T ADDRESS)	 		
			,	e e
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	. <u>N/A</u>			
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> MGRM Kathleen M. Crannell 7698 Windover Way **✓** Add Titusville, FL 32780 Remove Timothy S. Crannell MGRM 7698 Windover Way ✓ Add Remove Titusville, FL 32780 MGR Timothy S. Crannell 7698 Windover Way _ Add Titusville, FL 32780 Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) October 25 Dated 10-24-10 Signature of a member or authorized representative of a member Timothy S. Crannell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00