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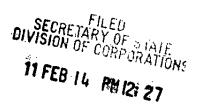
## **COVER LETTER**

TO:

**Registration Section** 

Division	Corporations	e de la companya de	•
SUBJECT:		LATION & MORE, LL	C.
	Name of Limit	ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	ANG	EL R. CHAVES SOLER	
		Name of Person	
	ORION'S II	NSTALLATION & MORE,	LLC
		Firm/Company	
	,·	3006 JON JON CT	,
		Address	
•		NDI ANDO EL 22022	
		ORLANDO FL 32822  City/State and Zip Code	
	•	,	·
,	E-mail address: (to	o be used for future annual report noti	fication)
For further informat	ion concerning this matter, please ca	all:	
A	NGEL R. CHAVES	at (_407_)	879-0611
Na	ame of Person	Area Code & Daytin	ne Telephone Number
		/	•
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$\sum_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	AILING ADDRESS: egistration Section	STREET/COUR Registration Section	on
	vision of Corporations O. Box 6327	Division of Corpo Clifton Building	prations
	illahassee, FL 32314	2661 Executive C Tallahassee, FL 3	

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



ORION'S INSTALLATION & MORE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization fo	r this Limited Liability Company were filed on	02/07/2011	and assigned	
Florida document number	L11000015768		•	
This amendment is submitted to	o amend the following:			
A. If amending name, enter t	he new name of the limited liability company	<u>v here</u> :		
The new name must be distinguis "L.L.C."	hable and end with the words "Limited Liability Co	ompany," the designation "LI	C" or the abbreviation	
Enter new principal offices ac	ddress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			
	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A H	POST OFFICE BOX)			
registered agent and/or the ne	<del>-</del>	on our records, enter th	e name of the new	
New Registered Office	e Address:	Enter Florida street address		
		, Florida		
	City	, r lorida	Zip Code	
New Registered Agent's Signatu	re, if changing Registered Agent:			
the provisions of all statutes r accept the obligations of my p	ent as registered agent and agree to act in the elative to the proper and complete performate ossition as registered agent as provided for in the change in the registered office address, I hew writing of this change.	nce of my duties, and I an in Chapter 608, F.S. Or, if	n familiar with and this document is	
	If Changing Registered	Agent, Signature of New Regi	stered Agent	

Page 1 of 2

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 = Mar MGRM = M	nager . Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALEX VELEZ	3006 JON JON CT ORLANDO FL 32822	Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
	· .		Add Remove
D. If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS  11 FEB
Dated	V	or authorized representative of a member	· .
	Typed or	GEL R CHAVES r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00