

L11000109705



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Name:	ORION TECHNOLOGIES, LLC
Document #:	
Order #:	14761870

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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORION TECHNOLOGIES, 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:

Dr. Philip Brown
Name of Person

Orion Technologies, LLC
Firm/Company

12605 Challenger Pkwy, #130
Address

Orlando, FL 32826
City/State and Zip Code

Philip.Brown@pm-usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Philip Brown at (301) 696-9411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILE

2023 FEB -7 A

ORION TECHNOLOGIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on September 23, 2011 and assigned Florida document number L11000109705.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
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 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.

Nichol McCroy Nichol McCroy, Assistant 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 or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGR	Dr. Andreas Ruben	12605 Challenger Pkwy	<input checked="" type="checkbox"/> Add
		Suite 130	<input type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Dr. Philip Brown	12605 Challenger Pkwy	<input checked="" type="checkbox"/> Add
		Suite 130	<input type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Nirav Pandya	12605 Challenger Pkwy	<input type="checkbox"/> Add
		Suite 130	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Jefferey Van Anda	12605 Challenger Pkwy	<input type="checkbox"/> Add
		Suite 130	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

None.

Multiple horizontal lines for amending information.

E. 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 605.0207 (3)(1)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 6, 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

Dr. Philip Brown, authorized representative of Phoenix Mecano, Inc., member of Orion Technologies, LLC

Typed or printed name of signee

Filing Fee: \$25.00