## L12000009396

(Rec	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	-
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A. BUTLER JAN 23 2022

## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

ORION CORALES, LLC
SUBJECT:

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:

Erick Trelles, Esq.

Name of Person

Shehadeh Giannamore, PLLC

Firm/Company

620 S. Le Jeune Road

Address

Coral Gables, Florida 33134

City/State and Zip Code

jimena@sglawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

E \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60,00 Filing Fee.
 Certificate of Status &
 Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AMENDMENT	
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my as it now appears on our reco	
Liability Company)	
were filed on 01/20/2012	and assigned
ility company here:	
lity Company," the designation "L	AC" or the abbreviation "L.L.C."
5200 NW 77th Court	
Doral, FL 33166	
. <u></u>	
10700 SW 186th Street	
Cutler Bay, FL 33157	
·	
address on our records, <u>en</u>	ter the name of the new registe
Futer Florido street adi	drax
 Cin:	Florida Zip Code
	bility company here: http://www.inteldesignation.intelling 5200 NW 77th Court Doral, FL 33166 10700 SW 186th Street Cutter Bay, FL 33157 address on our records, en Enter Florida street add

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.

DocuSign Envelope ID: 21AC2592-B384-4D61-8260-1866A72FFD2A 11 amenuing Authorized Terson(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

1 <u>Title</u>	Name	Address	Type of Action
MGR	Orion Miller, LLC	5667 NW 36th Street	🗆 Add
		Miami Springs, FL 33166	■Remove
			□Change
MGR	Nidat Shihadeh	5200 NW 77th Court	<b>=</b> Add
		Doral, FL 33166	🗆 Remove
			Change
			🖸 Add
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			□Change
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			🗆 Remove
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		<del>_</del>	Remove
			Change

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E.

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

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(If an ef <u>Note:</u>	tive date, if other than the date of filing:(optional) ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	07 (3)(b) 48 the
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the filed.	e
	1/10/2022	
Dated	1 DocuSigned by:	
	DocuSigned by:       Mdal Shiliaduli       2EC326C21E074E:       Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Nidal Shihadeh	
	Typed or printed name of signee	