

L14000105057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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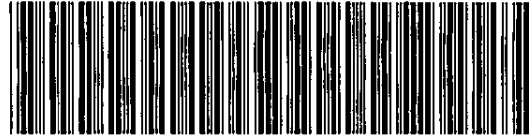
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guffigan NOV - 6 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORION YACHT POWER, 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:

FRANK BRUNN, RTRP, EA

Name of Person

FCDC

Firm/Company

407 EAST NEW HAVEN AVENUE

Address

MELBOURNE, FL. 32901

City/State and Zip Code

TAXMANFRANK@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK BRUNN, RTRP, EA at (321) 727-2672

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 NOV -5 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORION YACHT POWER, 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 07-01-2014 and assigned  
Florida document number L14000105057.

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 end with 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)

7009 Shrimp Rd.  
Suite 6  
Key West, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7009 Shrimp Rd.  
Suite 6 Box 40  
Key West, FL 33040

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:

FRANK BRUNN, RTRP, EA

New Registered Office Address:

407 EAST NEW HAVEN AVENUE

Enter Florida street address

MELBOURNE

City

Florida 32901-4507

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.*

Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIN BILLMAN	800 35TH ST. OCEAN	<input checked="" type="checkbox"/> Add
		MARATHON, FL. 33050	<input type="checkbox"/> Remove
MGR	GREGG BILLMAN	690 JACKSON COURT	<input checked="" type="checkbox"/> Add
		SATELLITE BEACH, FL	<input type="checkbox"/> Remove
		32937-3933	
MGR	DANIA BILLMAN	690 JACKSON COURT	<input checked="" type="checkbox"/> Add
		SATELLITE BEACH, FL	<input type="checkbox"/> Remove
		32937-3933	
			<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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/1/14, 2014



Signature of a member or authorized representative of a member

**BENJAMIN HEINZE, MEMBER**

Typed or printed name of signer

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Filing Fee: \$25.00

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