## 150009959

(Re	equestor's Name)	·····
(Ac	ldress)	
(Ac	dress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800293165048

DEC 13 2016

S. YOUNG

12/12/16--01005--015 \*\*30.00



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Blue 42, LLC						
	·····		$\dashv$			
				Art of Inc. File  LTD Partnership File		
				Foreign Corp. File	:	30. - C.
				L.C. File	230	
				Fictitious Name File		737 757
				Trade/Service Mark		
			<u></u>	Merger File	ထု	(円:22) (円:電道
			<u> </u>	Art. of Amend. File		
				RA Resignation		٠.
				Dissolution / Withdrawal		
				Annual Report / Reinstatement	<del></del>	
				Cert. Copy		
				Photo Copy		
				Certificate of Good Standing	<del></del>	
				Certificate of Status		
				Certificate of Fictitious Name		
				Corp Record Search	<u> </u>	
·				Officer Search		
				Fictitious Search		
Signature	·	<u></u>	-    —	Fictitious Owner Search		
_				Vehicle Search		
<u> </u>			<b>-</b>	Driving Record		
Requested by: SETH	12/09/16			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
				UCC 11 Retrieval	_	
Walk-In	Will Pick Up		<u> </u>	Courier		

## **COVER LETTER**

Division of Co		·	
SUBJECT: Blue 42, L	LC		
powere.	Name of Limited Liability Company		
,	Amendment and fee(s) are submitted for filing.		
Please return all correspondence	ondence concerning this matter to the following:		
	Darrell Peterson		
	Name of Person	_	
	Orion Aquisition & Devlopment LLC		
	Firm/Company	_	
	710 S US HWY 1	z z	.m.,
	Address		
	Vero Beach, FL 32962	DEC	
	City/State and Zip Code	2	553
	Wistreet@att.net  E-mail address: (to be used for future annual report notification)	=	
For further information of	concerning this matter, please call:	გ: მ:	
Darrell Peterson	561 801-3710 at (		,,,,,
Name	of Person Area Code Daytime Telephone Numb	er	
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal 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

Blue 42, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on June 8, 2015	and assigned
Florida document number L15000099757		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	SS)	——————————————————————————————————————
	<u></u>	<b>3</b> 23
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
		<del></del>
		<b>ಎ</b>
B. If amending the registered agent and/or registered agent and/or the new registered office address		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street ad	ldress
-10-10-1	2:	, 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 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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Orion Aquisition & Development LLC	132 43rd Avenue SW	<b>B</b> Add
		Vero Beach, FL 32963	
			☐ Change
MGR	Orion Aquisition & Development Coff	132 43rd Avenue SW	
		Vero Beach, FL 32963	<b>■</b> Remove
			☐ Change
<del></del>	<del></del>		Addis Addis A Remove
	<u>.                                    </u>		
	<del></del>		☐ Remove
	<del></del>	····	☐ Change
			□ Řemove
			☐ Change
			□ Add
			□ Remove
			Character .

	C
	A
	<u>က</u>
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more  if the date inserted in this block does not meet the applicable statutory filing re ment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time see 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
d December 12 , 2016 .	
Signature of a member or authorized representative of a Darrell Peterson, MANAGING HEMBS. DKION AWAITIONA	1 1 1 1 1 m
/ / <b>//</b> // / / / / / / / / / / / / / /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00