

L16000104169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

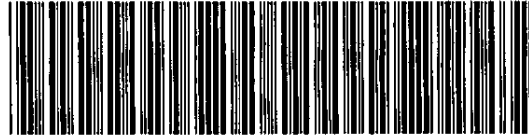
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/21/16--01021--009 **25.00

16 OCT 11 PM 3:26

FILED
OCT 11 2016
J. HARRIS

OCT 11 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orion Investigations, 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:

Paul LePore

Name of Person

Orion Investigations, LLC

Firm/Company

PO Box 861

Address

Apopka FL 32704

City/State and Zip Code

pjlepore@yahoo.com

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

For further information concerning this matter, please call:

Paul LePore

407

753-4707

Name of Person

at ()

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

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

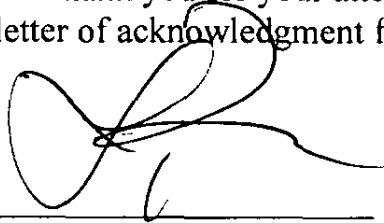
July 14, 2016

Re: Articles of Amendment
Orion Investigations, LLC

Dear Sir/Madam:

Enclosed please find the fully executed Articles of Amendment for Orion Investigations, LLC as well as a check in the amount of Twenty Five (\$25.00) Dollars to cover the necessary filing fee.

We thank you for your attention to this matter and look forward to receiving a letter of acknowledgment for the above mentioned filing.

A handwritten signature in black ink, appearing to read 'Paul LePore', written over a horizontal line.

Paul LePore
Orion Investigations, LLC
P.O. Box 861
Apopka, FL 32704
(407) 753-4707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2016

PAUL LEPORE
PO BOX 861
APOPKA, FL 32704

SUBJECT: ORION INVESTIGATIONS, LLC
Ref. Number: L16000104169

2017 OCT 11 PM 3:06
FILED
TALLAHASSEE, FLORIDA

We have received your document for ORION INVESTIGATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Title, name and address of each person you are adding is not included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00015425

FILED
2017 OCT 11 PM 3:26
TALLAHASSEE, FLORIDA

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

Orion Investigations, 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 May 27, 2016 and assigned
Florida document number L16000104169.

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)

280 Wekiva Springs Road

Longwood, FL 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 861

Apopka, FL 32704

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:

New Registered Office Address:

Enter Florida street address

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Remove
☐ Change
☒ Add

[illegible]

(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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated

4/27/2016

Paul LePore

16 OCT 11 PM 3:26

Filing Fee: \$25.00