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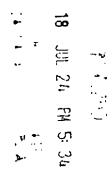
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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>OBION EQUITY PARTMERS</u> , <u>LLC.</u> 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:
MARIT HENRY Name of Person
ORION EQUITY PARTWERS, LLC.
1400 SW 124 TH TER. & 115
PEMBROITE PINES, FL 33027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARH HENRY at (954) 591-1663 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status C

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

DRION EQUITY	1 PARTNERS, L	LC.
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our record rida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability	Company were filed on//	2018 and assigned
Florida document number <u>L 180001715</u>	<u>53</u> .5	2:
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	٠٠
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		s, enter the name of the nev
registered agent and/or the new registered office ac	<u>idress nere</u> :	
Name of New Registered Agent:	-	
New Registered Office Address:	***	
	Enter Florida street addres	
		orida
	City	Zin 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>	<u>Name</u>	Address	Type of Action
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		PEMBRAGE PLES, FL 33	<u>24</u> ₩ Remove
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Filing Fee: \$25.00