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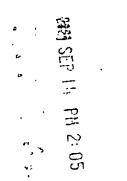
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates (of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edward Alexander Hays		
		Name of Person	
	Orion & Tarus, LLC		
		Firm/Company	
	821 SW 89th Terrace		
	•	Address	
	Plantation, FL 33324		
		City/State and Zip Code	
	alex@oriontarus.io		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Edward A. Hays		954 802-2688 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

Registration Section

Division of Corporations

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orion & Tarus, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/12/2020	and assigned
Florida document number L20000322388		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Orion & Taurus, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		25
Principal office address MUST BE A STREET ADDRESS)		مد. دی
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		. PH
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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
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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			Remove
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ective date, if other than the o	late of filing:		(a	ptional)	
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be p	rior to date of filing	or more than 90 days	after filing.) Pu	rsuant to 605.020
ument's effective date on the De			ming requirements.	tins date wit	i not be fisted a
cord specifies a delayed effective s filed.	date, but not an effective	re time, at 12:01 a	i.m. on the earlier o	f: (b) The 90	th day after the
September 10	2021		_		
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Typed or printed name of signee