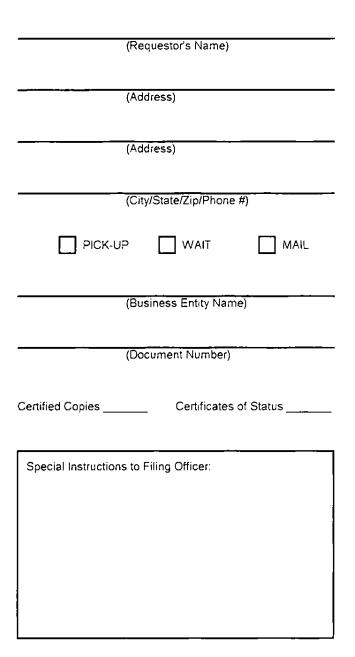
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor							
SUBJEC	ORION CU	STUMS LLC						
SUBJEC	· I :	Name of Limited Liability Company						
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		JAMES C SHIPMAN						
			Name of Person					
			Firm/Company					
		5343 NW WISK FERN CI	RCLE					
			Address	<del></del>				
		PORT ST LUCIE, FL 34	986					
			City/State and Zip Code					
		E-mail address: (	to be used for future annual report notif	fication)				
For furth	er information co	oncerning this matter, please co	all:					
JAMES (	C SHIPMAN		772 708-7055					
	Name of	Person		c Telephone Number				
Enclosed	is a check for th	e following amount:						
<b>■</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address		Street Address:	<b>:</b>				
Registration Section Division of Corporations			Registration Sec Division of Cor					
	P.O. Box 632		The Centre of T					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URIUN CUSTUMS LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 02/27/2023	and assigned
lorida document number L23000104616		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
PRIONS CUSTOMS LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2
		124
		20 20
nter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
. 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 regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florid	
	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
			□Add
		<del></del> -	Псточе
			□Add
			Петноче
			Change
			DAdd
			□Remove
			Change
			□ Rеточе
			☐ Change
	<del></del>		
			Remove
			Change
			□Remove
			Change

at amenum	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
ivote: It inc	ate, if other than the date of filing:  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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
e record spe rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023
-	- An Cohn
r	AMES C SHIPMAN
-	Typed or printed name of signee

· · ·

Filing Fee: \$25.00