To, 18506176383

Page: 1/4

From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations

# Florida Department of State Division of Corporations Division of Corporations Division of Corporations Division of Corporations Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORION PLACEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 OCT 13 PM 1: 28



#### Fax: 8134365206

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ORION PLACEMENT, LLC

(Same of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L23000312352	vere filed on 06/29/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Tracipal office address in CST DL 71 STREET 71DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		***************************************
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the na</u>	ame of the new registered
		20:
Name of New Registered Agent:		73 C
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cup	- Zip C <del>igi</del> t
New Registered Agent's Signature, if changing Registered Agent:		· : 2 <b>8</b>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ar ovided for in Chapter 605, F.S. C	n familiar with and Fr. if this document is

10/13/2023 06:37 43,PDT

To 18506176383

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From: Registered Agents Inc.

Fax. 8134365206

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

Title	Name	Address	Type of Action
MGR	TRIPLE J PLACEMENT, LLC	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	<b>X</b> 3Remove
		<del>_</del>	🗆 Change
AMBR	Jonathan Missirlian	7901 4TH ST N STE 300	<b>※</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			[]Change
AMBR Justin Sofman	7901 4TH ST N STE 300	<b>X</b> IAdd	
		ST. PETERSBURG, FL 33702	DRemove
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not n	icet the applical	o date of filing or mobile statutory filing	re than 90 days after requirements, thi	filing) Pursuant to 60 date will not be li	05,0207 sted as
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Dated 10/13	,	2023	_ •			
Robi			zed representative			
	12.4				<del></del>	
	Signature of a n	nember of authori	ized representative	of a member		