

M22 0000010079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

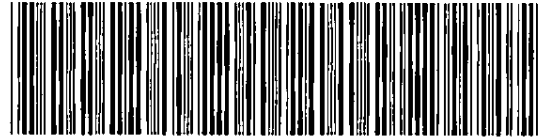
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2022 NOV 18 PM 2:39


STATE OF FLORIDA  
TALLAHASSEE, FL

2022 NOV 18 AM 11:12

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 143381 7870600

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : November 17, 2022

ORDER TIME : 8:42 AM

ORDER NO. : 143381-005

CUSTOMER NO: 7870600  
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FOREIGN FILINGS

NAME: ORION GOVERNMENT SERVICES, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orion Government Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Blackburn

Name of Person

Orion Group Holdings, Inc.

Firm/Company

12000 Aerospace Avenue, Suite 300

Address

Houston, TX 77034

City/State and Zip Code

orionlegal@om.net

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

For further information concerning this matter, please call:

Lauren Blackburn

Name of Person

at ( 713 ) 852-6589

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Orion Government Services, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000010079

3. Jurisdiction of its organization: Washington

4. Date authorized to do business in Florida: 6/28/22

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Exp, AP	Peter R. Buchler	12000 Aerospace Avenue, Suite 300	<input type="checkbox"/> Add
		Houston, TX 77034	<input checked="" type="checkbox"/> Remove
AP	Lauren Blackburn	12000 Aerospace Avenue, Suite 300	<input type="checkbox"/> Add
		Houston, TX 77034	<input checked="" type="checkbox"/> Remove
Mgr	Travis Boone	12000 Aerospace Avenue, Suite 300	<input type="checkbox"/> Add
		Houston, TX 77034	<input checked="" type="checkbox"/> Remove
AR	Orion Marine Construction, Inc.	12000 Aerospace Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Houston, TX 77034	<input type="checkbox"/> Remove
AR	Orion Construction, LLC	12000 Aerospace Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Houston, TX 77034	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Lauren S. Blackburn

Signature of the authorized representative

Lauren Blackburn, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF  
TALLAHASSEE, FL

2022 NOV 18 PM 2:39

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