

P15000004189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

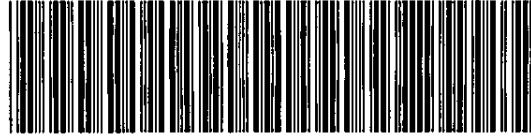
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 JAN 26 PM 2:41

C.L.  
1-28-15

**COVER LETTER.**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ORION ADMINISTRATION INC.

Name of Corporation

**DOCUMENT NUMBER:** P15000004189

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARWAN SHIHADAH**

Name of Contact Person

**ORION ADMINISTRATION INC.**

Firm/Company

**5200 NW 77TH CT**

Address

**DORAL, FL 33166**

City/State and Zip Code

**MICHAEL@MBLANCOCOPA.COM**

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

For further information concerning this matter, please call:

**MICHAEL BLANCO**

Name of Contact Person

at ( 305 ) 615-2655

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

15 JAN 26 PM 2:42

**ARTICLES OF CORRECTION**

For

ORION ADMINISTRATION INC.

Name of Corporation as currently filed with the Florida Dept. of State

P15000004189

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLE VII  
(Document Type Being Corrected)

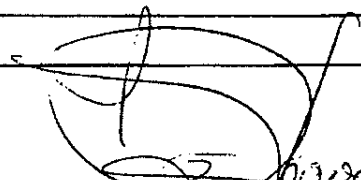
filed with the Department of State on JANUARY 15, 2015  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE DIRECTOR NEEDS TO BE REPLACE FROM;  
MARWAN SHIHADAH TO NIDAL SHIHADAH.

Correct the inaccuracy, incorrect statement, or defect:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Signature by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARWAN SHIHADAH  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)

Filing Fee: \$35.00