

P15000004197

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORION WORKFORCE INC.

Name of Corporation

DOCUMENT NUMBER: P15000004197

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

Please return all correspondence concerning this matter to the following:

MARWAN SHIHADDEH

Name of Contact Person

ORION WORKFORCE INC.

Firm/Company

5200 NW 77TH CT

Address

DORAL, FL 33166

City/State and Zip Code

MICHAEL@MBLANCOCPA.COM

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

For further information concerning this matter, please call:

MICHAEL BLANCO at (**305**) **615-2655**

Name of Contact Person

Area Code & Daytime Telephone Number

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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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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

For

ORION WORKFORCE INC.

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

P15000004197

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.

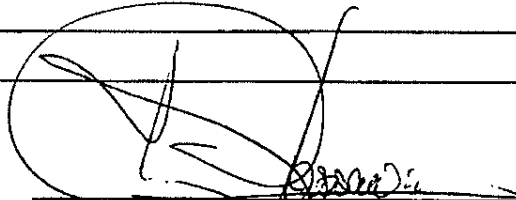
These articles of correction correct ARTICLE VII
(Document Type Being Corrected)

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 SHIHADDEH TO NIDAL SHIHADDEH.

Correct the inaccuracy, incorrect statement, or defect:


(Signature of 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 SHIHADDEH

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00