L12000155148

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000227641 3)))

H16000227641 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FANELLI LAW FIRM, PA
Account Number : 120120000059
Phone : (813)384-4841
Fax Number : (813)749-9475

L12-155148
Amend

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

Email Address: mfoster@peregrinehomes.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PEREGRINE HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

16 SEP 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2016 SEP 13 PM 4:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

SEP 14 2016
N. CAUSSEAUX

(((H16000227641 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peregrine Homes, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie V. Fanelli
Name of Person

Fanelli Law Firm, PA
Firm/Company

5300 W. Cypress St., Ste. 200
Address

Tampa, FL 33607
City/State and Zip Code

mfoster@peregrinehomes.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie V. Fanelli at (813) 384-4841
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H16000227641 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
16 SEP 13 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Peregrine Homes, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 12, 2012 and assigned Florida document number L12000155148

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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: Matthew S. Foster

New Registered Office Address: 670 Central Avenue
Enter Florida street address

St. Petersburg Florida 33701
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.

Matt
If Changing Registered Agent, Signature of New Registered Agent

(((H16000227641 3)))

(((H16000227641 3)))

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	Matthew S. Foster	670 Central Avenue	■ Add
		St. Petersburg, FL 33701	☐ Remove
			☐ Change
MGRM	Matthew S. Foster	7032 Lacantera Circle	☐ Add
		Lakewood Ranch, FL 34202	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2016 SEP 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H16000227641 3)))

(((H16000227641 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 SEP 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 (3)(b)
Note: *If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 13, 2016

Matthew

Signature of a member or authorized representative of a member

Matthew S. Foster

Typed or printed name of signer

Filing Fee: $25.00

(((H16000227641 3)))