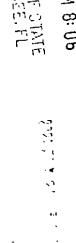
L20000057581

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800360402798



FED 2 - 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/24/2021		**WALK IN**
ENTITY NAME PEREGR	RINA LLC	WALK BY
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	w
****	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	**
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: 1201600	
Please call Tina at the	e above number for any issues or concerns. Thank	

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	YorkSmith !	LI.C		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Shama Stepp c/o ZenBusin	ess PBC	
			Name of Person	
		ZenBusiness PBC		
			Firm/Company	
		5900 Balcones Dr., Suite 5	000	
			Address	
		Austin TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	m o be used for future annual report no	outfloation)
For further in	nformation co	oncerning this matter, please ca		Milication)
		meerining unis matter, prease ca		
Shama Step			at ()	
	Name of	Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORSIMULEC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	02/20/2020 and assigned
Florida document number L20000057581	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here;
Peregrina LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	-3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, enter the name of the new registere
agent and/or the new registered office address here:	FEE
Name of Nam Designand Access	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	, Florida
City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Validation of

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

												
		· .							··· ·			
-								· 				
		·										
				 _			<u>.</u>					
								<u> </u>				
			•									
								<u> </u>				
							··	<u></u>				
												
					· · · · · ·			- ,,				
				-								
Effective date If an effective da Note: If the d document's ef	ite inserted	in this bloc	k does no	ot meet th	ie applica	o date of f ble statut	iling or mo	re than 90 c requireme	_ (option lays after fents, this	n al) iling.) Purs date will i	uant to 605 not be liste	.0207 (ed as ti
e record specif rd is filed.	es a delayed	l effective (date, but i	not an eff	ective tir	ne, at 12:	01 a.m. oi	the carli	er of: (b)	The 90th	h day after	the
Dated					.i							
	s/ Casey L	ynn Smith	l	Fo			esentative o	 				
		× .	onanite of				contation o					
		3	ignature of	i a membe	r or autno:	nzea repre	Sentanve o	i a memoe	r			

Filing Fee: \$25.00