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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
enn wer	1576 Pereg	rine, LLC	•	٨	
SUBJECT:			ited Liability Company	**	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Ari Vogan			
			Name of Person		
			Firm/Company		
		3225 McLeod Dr, Ste 100		····	
		Las Vegas, NV 89121	Address		
		ra@andersonadvisors.com	City/State and Zip Code	 	
		="	to be used for future annual report no	otification)	
For further in	iformation c	oncerning this matter, please co	all:		
Ari Vogan			800 706-4741 at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	iling Addres	-	Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Corporations			
_). Box 632		The Centre of Tallahassee		
Tal	lahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1576 Peregrine, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our rec da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/01/2022	and assigned
Florida document number L22000469004	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLANDS TO ALL
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DENS, LLC	1718 CAPITOL AVE.	
		CHEYENNE, WY 82001	_
			Change
AMBR	Tano Properties, LLC	1718 CAPITOL AVE.	= Add
		CHEYENNE, WY 82001	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

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Note:	ive date, if other than the date must be detive date is listed, the date must be a lift the date inserted in this blocent's effective date on the Department.	c does not meet the app	dicable statutory filin	(optional) nore than 90 days after filing.) Puring requirements, this date will	suant to 605,0207 not be listed as
ne record ord is fil	d specifies a delayed effective c led.	ate, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) The 90	th day after the
Dated	November 11	2022			
u_	November 11	a V	<u> </u>		
					
	St	gnature of a member or at	imorizea representativ	r or a member	
	Ari Vogan				