## L24000136056

	(Requestor's Name)	
	(Address)	
	(Address)	<del>.</del>
'	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
'	(Dosiness Elitity Name)	
	(Document Number)	
Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	
<u>.                                    </u>		





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\*FLORIDA'CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATUR	E: 2210000160: \$25.00
	0136056
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copies of Articles of C	Organization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	_XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
CORP	Merger
LLLP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
	Trademark
APOSTIL ( )	Other
Country	
	EXAMINER'S INITIALS:

Docusign Envelope ID: 9448DEA6-4DC5-4A3B-B26C-89895C4E53D7
CUVER LETTER

	gistration Secti ision of Corpo				
SUBJECT:	Peregrine Le	=			
SUBJECT:			ited Liability Company		
		nendment and fee(s) are sub	•		
	•	Michael Shawn	~		
			Name of Person		
		Law Offices of Michael S	Shawn		
			Firm/Company		<u> </u>
		1680 Michigan Ave, Unit	815		
		<del></del>	Address		
		Miami Beach, FL 33139			
		michael@mshawnlaw.cor	City/State and Zip Code	<del>.</del> .	<del></del>
			to be used for future annual	report notification)	
For further in	nformation con-	cerning this matter, please ca	all:		
Michael Sh	awn			2-0362	
	Name of P	erson	at () Area Code	Daytime Telephe	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	iling Address:		Street Ac	ddress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peregrine Legal LLC			7-77-1 11:28	
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>ds.</u> ) :28	
The Articles of Organization for this Limited L Florida document number  L24000136056	iability Company	were filed on March 19, 2024	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
Peregrine Legal PLLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1680 Michigan Ave		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		Unit 815		
-		Miami Beach, FL 33139		
Enter new mailing address, if applicable:		1680 Michigan Ave		
(Mailing address MAY BE A POST OFFICE BOX)		Unit 815		
		Miami Beach, FL 33139		
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		r the name of the new registered	
Name of New Registered Agent:	Law Offices of	f Michael Shawn, P.A.		
New Registered Office Address:	1680 Michigar	n Ave, Unit 815		
	<del></del> ;	Enter Florida street addre	SS	
	Miami Beach	, Fl	lorida <u>33139</u>	
		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.

Michael Shawn
F785AC25A39F415...

If Changing Registered Agent, Signature of New Registered Agent

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II amending Authorized rerson(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
AMBR	Michael Shawn	1680 Michigan Ave, Unit 815	
		Miami Beach, FL 33139	□Remove
			■Change
<del></del>			□ Add
		<del></del>	Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			🗖 Remove
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			□Remove
			□Change

	Purpose of PLLC:	for rendering legal	services or any	otner legal purp — -	ose. 	<del></del>
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Effect fan eff	ive date, if other t	than the date of fili	ing:	to date of filing or m	(optio	nal) iling.) Pursuant to 605.0207 (
<u>Note:</u>	If the date inserted:	in this block does no	t meet the applica	able statutory filing	g requirements, this	date will not be listed as a
docum	ient's effective date	on the Department o	f State's records.			
		d effective date, but n	ot an effective ti	me, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
rd is fi	led.					
	August 1		2024			
Dated	August 1			 uSigned by:		
Dateu			( )	hael Shawn		
Jaku			1 (1.4.7)	LAL CLADE		

... Docusign Envelope ID: 9448DEA6-4DC5-4A3B-B26C-89895C4E53D7

Filing Fee: \$25.00