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(Red	questor's Name)	
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SECRETARY OF SEAL

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COVER LETTER

TO: Amendment Section Division of Corporations

	τιον: <u>Andrea M</u> R: <u>P110000090</u>	ontavon-McKill 72	ip, P.A.				
	Amendment and fee are su						
Please return all correspo	ndence concerning this ma	tter to the following:					
Д	ndrea Montav	on-McKillip					
		Name of Contact Persor	1				
P	eregrine Law,						
_		Firm/ Company					
3	00 S. Pine Islan	d Rd., Suite 218					
	Address						
P	lantation, FL 33	324					
_		City/ State and Zip Code					
andre	ea@immigration	sofl.com					
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Andrea Montavon-McKillip at (754) 200-1551							
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
<u>Mailin</u>	g Address	Street	Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

Andrea Montavon-McKillip, P.A.

13 AUG 28 AM 11: 39

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

P11000009072

SECRETARY OF STATE TALLAHASSEF, FLORIDA

(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporatio	<u>n:</u>
Peregrine Law, P.A.	— The new
	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	300 S. Pine Island Rd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 218
	Plantation, FL 33324
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 S. Pine Island Rd.
	Suite 218
	Plantation, FL 33324
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
·	
(Flori	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fam.	
Signature of New Registe	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	?	Andrea Montavon-McKillip	300 S. Pine Island Rd., Suite 218
Add		•	Plantation, FL 33324
Remove			
2) Change		-	
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach ac	lditional sheet	s, if necessary).	ticles, enter chan (Be specific)					
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f an an	endment pro	vides for an ex	change, reclassifi	cation, or c	ancellation o	f issued sha	res,	
provisi	ons for imple	menting the an	rendment if not c	ontained in	the amendm	ent itself:		
(if	not applicable	e, indicate N/A)						
								
								
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
August 14, 2013 Signature August 14, 2013	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Andrea Montavon-McKillip	
(Typed or printed name of person signing)	
President	

(Title of person signing)