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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MY TAXES MULTISERVICES CORP

Account Number : I20240000065 Phone : (305)586-2852 Fax Number : (305)200-3722

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PETTER.US LLC

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$25.00

## \$60. 19.- 2024 | 3:456M Docusign Envelope ID. 99C4B3E2-470A-4D0F-8D01-8CD3E3086EB2 COVER LETTER

TO: Registration S Division of Co				
PETTER.	US LLC			
3000ECT.	Name of Lir	nited Liability Company		<u>_</u>
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filin 2.		
<del>-</del>	ADRIAN A, NIETO			
	Sec. 10	Name of Person		<del></del>
	PETTER.US LLC	Name of Person  US LLC  Firm/Company  ER FALLS CIR  Address  MEE, FL 34743  City/State and Zip Code  @gmail.com  E-mul address: (to be used for figure annual report nonlicetion)  smatter, please call:  at (		
		Firm/Company		<del></del>
	28 SILVER FALLS CIR	; .		. •
	<del> </del>	Address		
	KISSIMMEE, FL 34743			,
		City/State and Zip Code		· ·
	adriantnie@gmail.com	: `		•
		•	oulkation)	<del></del>
For further information of	concerning this matter, please c	ail:	. '	•
ADRIAN A, NIETÓ 1	_			
ेश्वास् र	f Perses.		mc Telephone	Number
Enclosed is a check for th	ne following amount:	`		
■ \$25.00 Filing Fee	디 S30.00 Filing Fee & Certificate of Status	Certified Copy	C	ertificate of Status & ertified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		orporations Tallahasse oe Street, S	

Docusign Envelope ID: 99C4B3E2-470A-4D0F-8D01-8CD3E30B6EE2

# ARTICLES OF AMENDMENT. TO ARTICLES OF CRGANIZATION OF

_ Petterus LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L20000054882	Company were filed on 12/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>s</u>	enter the name of the new registere
Name of New Registered Agent:		10: 26
New Registered Office Address:	Enter Florida street d	adduna
,	ERIET FIONDA STEEL C	
· ·	Cir;	_, Florida

## 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 Changing Registered Agent, Signature of New Registered Agent

Docusion Envelope ID: 99C483E2-470A-4DGF-8DG1-8CD3E30B6EB2 it amenuing Authorized rerson(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Addregs	Type of Action
AMBR	JESUS A, NIETO JARAMILLO	28 SILMER FALLS CIR, KISSIMMEE, PL 34743	□Add
			≣Remove
			□Change
AMBR	ADRIANA I, NIETO JARAMILL	28 SILVER FALLS CIR, KISSIMMEE, FL 34743	<b>=</b> Add
			□Remove
			Change
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		·	□Remove
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fective date, if ot in effective date is list otte: If the date inso cument's effective	eued in this plock (	aces not meet the	e applicati∞ statutor	ng or more than 90 da ry filing requiremen	(optional) s after fliing.) Pursuant ts, this date will not b	re 605.02 e listed :
ccord specifies a de	•			l a.m. on the earlier	of: (b) The 90th day	y after th
is filed.						
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Filing Fee: \$25.00