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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 2021

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

PETERSON TAX RESOLUTION SERVICES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DARRELL J PETERSON Name of Person PETERSON TAX RESOLUTION SERVICES, LLC Firm/Company 9811 MORRIS BRIDGE RD Address **TAMPA, FL 33637** City/State and Zip Code dptaxresolution@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 951-0764 OR 813 951-3970 DARRELL J PETERSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **\$60.00** Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETERSON TAX RESOLUTION SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Fibrida Etimed Eta	usity Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 04/09/2021	and assigned
Florida document number L21000166392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		,
	· ·	<u>ੀ</u> ੍ਹ ਗ
Name of New Registered Agent:	; 	
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	. Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I an ovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	DARRELL J. PETERSON	9811 MORRIS BRIDGE RD TAMPA, FL 33637	\equiv Add
			□Remove
			□ Change
			∐Add
			□Remove
			□Change
			🗀 Add
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ective date, if other than the date of filing:	605,0207 listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day as filed.	fter the
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00