

M2Z 000011793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

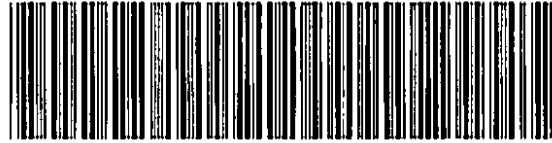
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/22/22--01015--021 **25.00

FILED
2022 AUG 22 AM 7:27
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

A. BUTLER

NOV 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PETERSON PSYCHOTHERAPY PLLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HALEY PETERSON

Name of Person

PETERSON PSYCHOTHERAPY PLLC

Firm/Company

3537 BEACH DR SE

Address

SAINT PETERSBURG, FL 33705

City/State and Zip Code

PETERSONPSYCHOTHERAPY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HALEY PETERSON

Name of Person

at (736) 417-1415

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

SECTION I (1-4 must be completed)

2022 AUG 22 AM 7:27

1. Name of limited liability Company as it appears on the records of the Florida Department of **STATE**
State: PETERSON PSYCHOTHERAPY LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000011793

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 07/21/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PETERSON PSYCHOTHERAPY PLLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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.

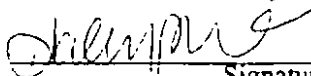
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

HALEY PETERSON

Typed or printed name of signer

Filing Fee: \$25.00

Purpose Of Name Change Statement

The purpose of name change request is to add professional to limited liability company (as PLLC instead of current LLC).

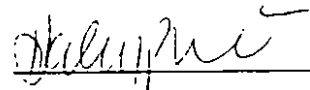
The company is registered in Texas as PLLC (**Peterson Psychotherapy PLLC**), the Florida registration (document number M22000011793) needs to match the name as registered in Texas under the current EIN.

Please add professional to the limited liability company to match the name as currently registered record in Texas showing the business as **PETERSON PSYCHOTHERAPY PLLC**.

PETERSON PSYCHOTHERAPY PLLC


3537 BEACH DR SE

ST PETERSBURG, FL 33705



Requestors Name - Haley Peterson

(736) 414-1415



Date

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Peterson Psychotherapy PLLC (file number 804259731), a Domestic Limited Liability Company (LLC), was filed in this office on October 05, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 24, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State