

L1800020231Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

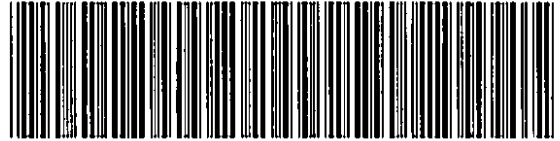
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500351338705

11/05/20 10:05:02 AM EST

2020 NOV 05 11:19 AM EST

O SIMMONS
NOV 05 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2020

ANO KASHUMBA
9481 HIGHLAND OAK
APT 202
TAMPA, FL 33647

SUBJECT: SYMPHONY DATA SOLUTIONS, LLC
Ref. Number: L18000202312

We have received your document for SYMPHONY DATA SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00020326

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Symphony Data Solutions, LLC
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:

Ano Kashumba
Name of Person

Firm/Company

9481 Highland Oak Apt 202
Address

Tampa, Florida 33647
City/State and Zip Code

Akashumba@pioncermedicalgroupflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ano Kashumba at (813) 775-5639
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Symphony Data Solutions, LLC

2018-08-23 19

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

The Articles of Organization for this Limited Liability Company were filed on 8/23/2018 and assigned Florida document number L18000202312.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9481 Highland Oak Apt 202

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33647

Enter new mailing address, if applicable:

9481 Highland Oak Apt 202

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33647

B. If amending the registered agent and/or registered office 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:

Ano Kashumba

New Registered Office Address:

9481 Highland Oak Apt 202

Enter Florida street address

Tampa

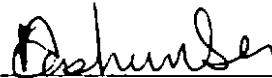
, Florida 33647

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____ JUL 15 2020 _____

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 15, 2020

Kashumba

Signature of a member or authorized representative of a member

Ano Kashumba

Typed or printed name of signee