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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

DEC 1 6 2008

EXAMINER

COVER LETTER

Division of Cor	porations		
SUBJECT: Sympho	ony Computer Solut	ions, LLC.	=
		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Scott L. Holland		
	***	(Name of Person)	
	Symphony Computer So	lutions, LLC.	
		(Firm/Company)	
	15502 Perdido Drive		
		(Address)	
	Orlando, FL 32828		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Scott L. Holland		at (727) 415-0223	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne 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)

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO-ARTICLES OF ORGANIZATION OF

Symphony Computer Solutions, LLC	.				
(Name of the Limited Lia (A Flo	ibility Compa orida Limited I	ny as it now appears on our record liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on January 22, 2008		and assig	gned
Florida document number <u>L08000007090</u>	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and end with th "L.L.C."	ne words "Limi	ted Liability Company," the designa	ition "LLC"	or the ab	obreviation
Enter new principal offices address, if applicable	e:	15502 Perdido Dr			
(Principal office address MUST BE A STREET A	(DDRESS)	Orlando, FL 32828		80	S
				DEC	SICR SICR
				5	PAT-
Enter new mailing address, if applicable:		15502 Perdido Dr		70	25.50 13.45 14.45 14.55 14.55 14.55 14.55 14.55 14.55 14.55 14.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55
(Mailing address MAY BE A POST OFFICE BO.	(X)	Orlando, FL 32828			S S
					
					- 2
B. If amending the registered agent and/or i			nter the i	name of	the nev
registered agent and/or the new registered office	e address her	<u>e</u> :			
Name of New Registered Agent:					<u>_</u>
New Registered Office Address:	15502 Perdid		**		
		(Enter Florida str	eet address	り	
<u> </u>	Orlando		da 32828		
		(City)	(Z	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Fitle</u>	<u>Name</u>	Address	The second of th	Type of	f Action
MGRM_	CHRISTOPHER SWERTFEGE	12139 Green Badger Orlando, FL 32817		Add	ove
	· · · · · · · · · · · · · · · · · · ·			Add Rem	ove
				Add	ove
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	ding any other information, enter change ange Steven Hunt's and Scott Holland's a				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
7~+~4 3000	mber 12 , 2008	<u> </u>			.07

Page 2 of 2

Filing Fee: \$25.00