

h19 000047241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

524,707

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[Signature]



900392600559

08/25/2008 10:01:00 AM

22 DEC - 1 PM 3:45

OFFICE OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2022

FONDA E. MOSAL
155 BARTRAM MARKET DRIVE
SUITE 135-169
SAINT JOHNS, FL 32259

SUBJECT: LIFE SYMPHONY THERAPY, LLC
Ref. Number: L19000047241

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for LIFE SYMPHONY THERAPY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

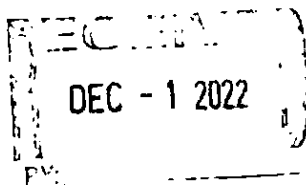
PLEASE FILL OUT ALL PAGES OF FORM AND SIGN THE LAST PAGE.

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall
OPS Clerk

Letter Number: 622A00025408



Resubmission
Fonda / Mosal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Symphony Therapy, 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:

Fonda E. Mosal

Name of Person

Life Symphony Therapy, LLC

Firm/Company

155 Bartram Market Drive, Suite 135-169

Address

Saint Johns, FL 32259

City/State and Zip Code

lifesymphonytherapy@gmail.com

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

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RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Fonda E. Mosal

at (904) 373-8516

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

JONATHAN SCOTT MOSAL OR
FONDA ELAINE MOSAL
879 W. TENNESSEE TRACE
SAINT JOHNS, FL 32259

9105
80-7428/3140

Pay to the Order of Florida Dept of State Div of Corporations 18 Aug 2022 Date
Thirty dollars & no cents \$ 30.00
Dollars

USAA FEDERAL SAVINGS BANK

For Address update

Fonda Mosal

⑆3⑆4074269⑆0⑆0⑆4552⑆9105

Daytime Bradford Exchange Checks 1-800-323-6104 www.bradfordexchangechecks.com

© Paul Grant

22 DEC -1 PM 3:45
DIVISION OF STATE
CORPORATION

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

Life Symphony Therapy, LLC

(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 18 February 2019 and assigned Florida document number 1.19000047241.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

155 Bartram Market Drive

Suite 135-169

Saint Johns, FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

155 Bartram Market Drive

Suite 135-169

Saint Johns, FL 32259

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 13TH JUDICIAL CIRCUIT
IN FLORIDA
ST. JOHN'S COUNTY

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:

Fonda E. Mosal

New Registered Office Address:

155 Bartram Market Drive, Suite 135-169

Enter Florida street address

Saint Johns

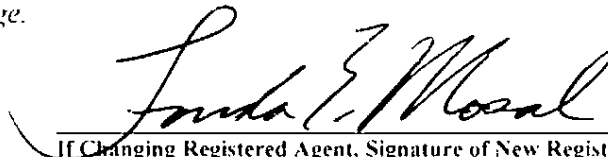
Florida 32259

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

If,appending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1/2 Changes

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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22 DEC 1 PM 3:45
DIVISION OF CORRECTIONS
STATE OF CALIFORNIA

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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.

Dated 18 Aug 2022

Fonda / Mosal

Signature of a member or authorized representative of a member

Fonda E. Mosal

Typed or printed name of signee