

L20 000046631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2020 FEB 27 PM 2:13  
SAC, DISTRICT OF COLUMBIA

Amend/cus

MAR 19 2020  
1 ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SYMPHONY COLLABORATIVE HEALTHCARE 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:

Jennifer

~~Jennifer~~ Wilson

Name of Person

Symphony Collaborative Healthcare Solutions, LLC

Firm/Company

926 Kokomo Key Lane

Address

Delray Beach, FL ~~33445~~

33483

City/State and Zip Code

~~jen@justsymphony.com~~

jen@1symphony.com

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

For further information concerning this matter, please call:

Roland Manuel

Jennifer Wilson

at (561)

561-655-5777

Name of Person

Area Code

Daytime Telephone Number

561-714-3948

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)

+ \$500

Amendment fee

**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 COLLABORATIVE HEALTHCARE SOLUTIONS, LLC

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

FILED  
2020 FEB 27 PM 2:13  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/10/2020 and assigned  
Florida document number 1.20000046631.

This amendment is submitted to amend the following:

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

See above

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:

(Principal office address MUST BE A STREET ADDRESS)

926 Kokomo Key Lane  
Delray Beach, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

See as above

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:

PALM BEACH TAX GROUP INC

New Registered Office Address:

44 COCOANUT ROW, STE T5

*Enter Florida street address*

PALM BEACH

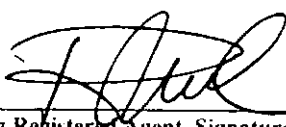
Florida 33480

*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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member 2/19/20

Typed or printed name of signee

**Filing Fee: \$25.00**