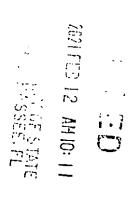
L20000047733

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A SI !! KEE.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/12/2021		**WALK IN**
ENTITY NAME THE S	YMPHONY AGENCY, LLC	
DOCUMENT NUMBER_	L20000047733	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	··WATE EV
/ 	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	· ,· · · ,•
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA		- -
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	,
Please call Tina at th	be above number for any issues or concerns. Thank you so n	ruch!

COVER LETTER

Registration Section

Division of Corporations

TO:

	nony Agency, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shama Stepp c/o ZenBusia	ness PBC		
		Name of Person		
	ZenBusiness PBC			
		Firm/Company		
	5900 Balcones Dr., Suite	5000		
		Address	· · · · · · · · · · · · · · · · · · ·	
	Austin TX 78731			
		City/State and Zip Code	***	
	fulfillment@zenbusiness.co			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Shama Stepp		844 493-6249		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of 3	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Symphony Agency, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.20000047733}{1.20000047733}$.	y were filed on $\frac{02/10}{}$	2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	125 Commonwealth	h Ct N	
(Principal office address MUST BE A STREET ADDRESS)	C. D. J. C. 22716		
Enter new mailing address, if applicable:			Dr.A
(Mailing address MAY BE A POST OFFICE BOX)			5
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the i</u>	namé of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
		, Florida	Zip Code
	City		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Christopher Scott Davenport	125 Commonwealth Ct N	
		St. Petersburg, FL 33716	□Remove
			, ■ Change
AMBR	Lauren Davenport Fernandez	125 Commonwealth Ct N	bād
		St. Petersburg, FL 33716	☐Remove
		,	Change
AMBR	Daniel Fernandez	125 Commonwealth Ct N	□Add
		St. Petersburg, FL 33716	 □Remove
			 □Remove
			□Change
			🗀 Add
			□Remove
			□Change
· 			🗀 Add
			: □Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 (31(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 tiled. Dated _ 02/11 2021 /s/ Christopher Scott Davenport Signature of a member or authorized representative of a member Christopher Scott Davenport

Filing Fee: \$25.00

Typed or printed name of signee