L20000214859

(Requestor's Name)

(Address)

(Address)

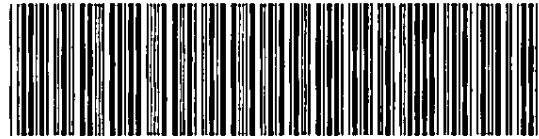(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

SUBJECT: _____ JULIEXMART. 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:

DR BATRONY BAZILME
_____
Name of Person

JULIEXMART. LLC
_____
Firm/Company

P.O BOX 16601
_____
Address

WEST PALM BEACH, FLORIDA 33416
_____
City/State and Zip Code

SYMPHONYMUSICSCHOOL.01@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR BATRONY BAZILME
_____ at (_____) ____ (561) 410-8361 ____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JULIEXMART. 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 _07/28/2020_ and assigned Florida document number _L20000214859_.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

SYMPHONY MUSIC SCHOOL. LLC

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)*	1615 S. CONGRESS AVE SUITE 103 DELRAY BEACH FL 33445
Enter new mailing address, if applicable: *(Mailing address MAY BE A POST OFFICE BOX)*	P.O.BOX 16601 WEST PALM BEACH FL 33416

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: DR BATRONY BAZILME

New Registered Office Address: 1615 S. CONGRESS AVE SUITE 103
Enter Florida street address

DELRAY BEACH , **Florida** 33445
City | Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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

Title	Name	Address	Type of Action
OWNER / PRESIDENT	DR BATRONY BAZILME	1565 QUAIL LAKE DR APT F-104	■Add
		WEST PALM BEACH FL 33409	☐Remove
			☐Change
AMGR	DAPHNIE BAZILME	1565 QUAIL LAKE DR	■Add
		WEST PALM BEACH FL 33409	☐Remove
			☐Change
MGR	RENAU THERVIL	301 EAST CLUB CIR APT 103	☐Add
		BOCA RATON FL 33487	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

_____

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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 ____03/16/2021_____ _____ .

_____
Signature of a member or authorized representative of a member

DR BATRONY BAZILME
_____
Typed or printed name of signee