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**TO: Registration Section
Division of Corporations**

SUBJECT: PROPHYLAXIS HEALTH MANAGEMENT, 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:

BATRONY BAZILME
Name of Person

SYMPHONY MUSIC SCHOOL, LLC
Firm/Company

P.O BOX 16601
Address

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

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

For further information concerning this matter, please call:

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 &
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

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

SYMPHONY MUSIC SCHOOL, 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 08/06/2020 and assigned
Florida document number L20000214859

This amendment is submitted to amend the following:

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

SAREPTA UNIVERSITY OF FLORIDA, 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BATRONY BAZILME

New Registered Office Address:

1615 S. CONGRESS AVE SUITE 103

Enter Florida street address

DELRAY BEACH

Florida

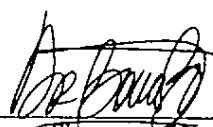
33445

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 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>	<u>Type of Action</u>
PRESIDENT	BATRONY BAZILME	1565 QUAIL LAKE DR APT F-104 WEST PALM BEACH FL 33409	☒ Add
			☐ Remove
			☐ Change
VICE - RESIDENT	STEPHEN-FILS BAZILME	12758 WOOD HOLLOW DR APT 1721 WOODBIDGE VA 22192	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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(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

Typed or printed name of signee