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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SYMPHONY BUILDERS AT TB LLC	
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Foreign Corp. Fi	ile
L.C. File	
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COVER LETTER

Registration Section
Division of Corporations

TO:

SYMPHO SUBJECT:	NY BUILDERS AT TB LLC		
56B3EC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lewis Moscovitch		
		Name of Person	
	Symphony Residential		
		Firm/Company	
	10100 NW 33rd Street		
		Address	
	Coral Springs, FL 33065		
	··	City/State and Zip Code	····
	Lewis@SymphonyResiden		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Lewis Moscovitch		954 255-5527	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Sallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SYMPHONY BUILDERS AT TB LLC

TALLAHASSES

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

nization for this Limited Liability Company were filed on March 25, 2022

The Articles of Organization for this Limited Lia	bility Company v	were filed on March 25, 2	022	and assigned
Florida document number L22000147162	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabil</u>	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	ty Company," the designation	"LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicab	ole:		_ 	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ddress on our records, <u>e</u>	nter the name of (he new <u>registered</u>
Name of New Registered Agent:				
New Registered Office Address:	1700 N Universit	ty Drive, Suite 302		
		Enter Florida street a	ddress	
	Coral Springs		_, Florida ³³⁰⁷¹	
		City		o 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>	Address	Type of Action
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