# N19103

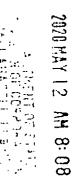
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JUN 01 2020 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SYMPHONY OF THE NAME OF CORPORATION:	HE AMERICAS, INC		
N19103			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
ROBERT M. ROSELLI, ESQ., PRESIDENT			
	(Name of Contact Pe	rson)	
SYMPHONY OF THE AMERICAS			
	(Firm/ Company	)	
2300 E. OAKLAND PARK BLVD., #306			
	(Address)		
FORT LAUDERDALE, FL 33306			
	(City/ State and Zip C	Code)	
INFO@SOTA.ORG			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
ROBERT M. ROSELLI, ESQ.	aı	954	568 - 0700
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida L	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)

# **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

SYMPHONY OF THE AMERICAS, INC.

(Name of Corporation as currently filed with th	e Florida Do	ept. of State)		
N19103				
(Досиг	ment Number	of Corporation (i	if known)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Florida Not</i>	For Profit Corporation a	dopts the following
A. If amending name, enter the new name of th	ie corporatio	<u>on:</u>		
				The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorpore	ated" or the abbreviation	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET)				
	-	-		
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			2828 MAY 12 M. 8: U
	<del></del>			
	_			
				- (O
D. If amending the registered agent and/or regi			da, enter the name of the	
new registered agent and/or the new registered office ad		<del>aress:</del> & BANTA, P.A.		40 Q
Name of New Registered Agent:	-			c
	515 EAST	LAS OLAS BLV	<u> </u>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	:		(Florida street address)	
		JDERDALE		33301
		(City)	- Harida	
New Designation of America I	Damintanad t			ŕ
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			ept the obligations of the p	osition.
_				
	Sigi	nature of New Reg	gist <del>ered</del> Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VD</u>	RENEE D. LABONTE	2300 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306
x Remove			
2) Change Add	SD	SHERRILL CAPI	3300 N.E. 56TH COURT FT. LAUDERDALE, FL 33308
X	RA	JUDITH E. KEISER	2362 SE 14TH STREET POMPANO BEACH, FL 33062
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addi (attach additional she	ng additio ets, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
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The date of each amendment date this document was signed	(s) adoption: APRIL 27, 2020			, if other than the
Effective date <u>if applicable</u> :	APRIL 27, 2020	_		
N. 181 1 2	(no more than 90 day			
Note: If the date inserted in the document's effective date on the	is block does not meet the applicate Department of State's records.	able statutory filing r	requirements, this date will	not be listed as the

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.						
Dated 5-7-2020						
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)						
ROBERT M. ROSELLI, ESQ.						
(Typed or printed name of person signing)						
PRESIDENT						

(Title of person signing)