

03/01/2017 15:21 FAX

Division of Corporations

001

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L12000157007

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OBGYN SPECIALISTS OF LAKESIDE, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBYN SPECIALISTS OF LAKESIDE, 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 12/17/2012 and assigned
Florida document number L12000157007.

This amendment is submitted to amend the following:

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

OBYN HOSPITALISTS OF THE PALM BEACHES, 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:

2979 PGA BOULEVARD, SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

2979 PGA BOULEVARD, SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

PALM BEACH GARDENS, FL 33410

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:

New Registered Office Address:

Enter Florida street address

Florida

City

17 MAR - 9 AM
RECEIVED
FLORIDA
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

[illegible]

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

17 MAR -9 AM 03 29
WILMINGTON, DELAWARE
LAKEHURST, FLORIDA

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.

(b) The 90th day after the record is filed.

Dated March 9, 2017

Signature of a member or authorized representative of a member

Michael S. Singer, Authorized Representative

Typed or printed name of signee