

L19000142181

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DATE: 9/27/19

NAME: TRUEPARTNERS LAKEWOOD INPATIENT SPECIALISTS PLLC

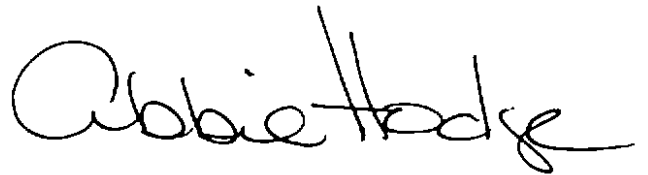
TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink that reads "Abbie Hodge". The signature is written in a cursive style with a large initial "A" and a long horizontal stroke at the end.

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

TruePartners Lakewood Inpatient Specialists PLLC

(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 05/28/2019 and assigned
Florida document number L19000142181.

This amendment is submitted to amend the following:

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

TruePartners Lakewood Inpatient Specialists 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Soria	950 Peninsula Corp Circle Suite 2000	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Soria	950 Peninsula Corp Circle Suite 2000	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

Dated 9/26/2019, 2019

David Soria MD

Typed or printed name of signee