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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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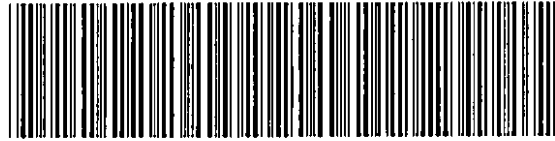
(Business Entity Name)

(Document Number)

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OCT 30 2019  
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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/29/2019

Name: Merritt Walker

Reference #: 1146419

Entity Name: TRUEPARTNERS LAKEWOOD INPATIENT SPECIALISTS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TruePartners Lakewood Inpatient Specialists 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:

Andy McQueen

\_\_\_\_\_  
Name of Person

American Physician Holdings, LLC

\_\_\_\_\_  
Firm/Company

5121 Maryland Way, Suite 300

\_\_\_\_\_  
Address

Brentwood, Tennessee 37027

\_\_\_\_\_  
City/State and Zip Code

amcqueen@apppartners.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy McQueen

615 390-2955

at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

TruePartners Lakewood Inpatient Specialists 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 5/28/2019 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:**

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: Cogeney Global Inc.

New Registered Office Address: 115 North Calhoun Street, Suite 4  
*Enter Florida street address*

Tallahassee, Florida 32301  
*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.*

Melitt Walker, ASST. Secretary  
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>
AMBR	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	American Physician Holdings, LLC	5121 Maryland Way, Suite 300	<input checked="" type="checkbox"/> Add
		Brentwood, TN 37027	<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)

**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.

Andy McQueen

## Andy McQueen

Page 3 of 3

**Filing Fee: \$25.00**