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TALLAMASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	sychiatric & Internal Medicine	Services, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julianne Folsom		
		Name of Person	
	Lifespan Psychiatric & Into	ernal Medicine Services, LLC	
		Firm/Company	
	1618 Mahan Center Blvd,	Suite 103	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Tallahassee, Florida, 3230	8	
		City/State and Zip Code	
	julianne@lifespan.care		
	E-mail address: (to be used for future annual report no	orification)
For further information c	oncerning this matter, please ca	all;	
Ryan Novince, MD		850 999-2996 at ()	
Name o	f Person	Area Code Dayt	me Telephone Number
Enclosed is a check for the	ne following amount:		
E \$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		Street Address:	laution
Registration S Division of C		Registration S Division of C	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lifespan Psychiatric & Internal Medicine Services, 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 $\frac{06/18/2021}{1}$ and assigned Florida document number L21000284136 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lifespan Psychiatric Services, LLC dba-Eifespan Psychiatric & Internal Medicine, ELC 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: Julianne Folsom Name of New Registered Agent: 1618 Mahan Center Blvd, Suite 103 New Registered Office Address: Enter Florida street address Tallahassee City

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.

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

Title	<u>Name</u>	Address	Type of Action
M C	Ryan Novince	1618 Mahan Center Blvd, Suite 103	■Add
		Tallahassee, FL, 32308	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
		□Remove	
			Change
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			Channe

	I am providing you documentation of my own name change, I want to add a "dba" to my current business name,
	and add an office, Dr. Ryan Novince, MD.
	·
	· · · · · · · · · · · · · · · · · · ·
(If an e <u>Note</u>	tive date, if other than the date of filing:
If the record is	ord 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 filed.
Date	February 26 2024
Date	Signature of a member or authorized representative of a member
	muny god-our
	/ Signature of a member or authorized representative of a member

Typed or printed name of signee