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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

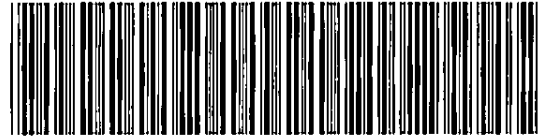
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RECORDS SECTION  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lifespan Psychiatric & Internal Medicine Services, 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:

Julianne Folsom

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

Lifespan Psychiatric & Internal Medicine Services, LLC

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

1618 Mahan Center Blvd, Suite 103

\_\_\_\_\_  
Address

Tallahassee, Florida, 32308

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

julianne@lifespan.care

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

For further information concerning this matter, please call:

Ryan Novince, MD

850

999-2996

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 Address:**

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

Julian F. Lee  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

I am the registered agent, Julianne Folsom. My former name was Julianne Fountain.

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.

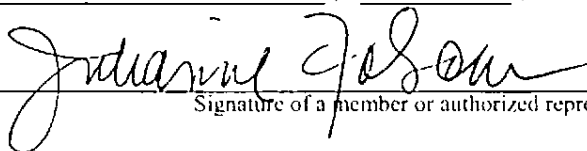
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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.

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 February 26, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Julianne Folsom

\_\_\_\_\_  
Typed or printed name of signer