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Name:	North Florida Addiction Medicine, Inc
Document #:	
Order #:	15845747
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 68.75

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

North Florida Addiction Medicine, Inc.

Name of Surviving Entity

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Michael Lockwood

Contact Person

Katten Muchin Rosenman LLP

Firm/Company

2121 N. Pearl St., Ste 1100

Address

Dallas, Texas 75201

City/State and Zip Code

michael.lockwood@katten.com

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

For further information concerning this matter, please call:

Michael Lockwood

 $At \underbrace{(214)}_{Area\ Code\ \&\ Daytime\ Telephone\ Number} \underbrace{765\text{-}3618}_{Atomatical}$

Name of Contact Person

Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

Mailing Address:

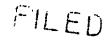
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

ARTICLES OF MERGER



2024 AUG 30 AM 10: 33
The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surv	viving entity:			
Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)	
North Florida Addiction Medicine, Inc.	FL	Corporation	P01000085090	
SECOND: The name and jurisdiction of each	merging cligible Jurisdiction	entity: Entity Type	Document Number	
			(If known/applicable)	
Houston Lakeview, LLC	TX	LLC	None	
			 	
				

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

FOURTH: Please check one of the boxes that apply to surviving entity: \Box This entity exists before the merger and is a domestic filing entity. This entity exists before the merger and is not authorized to transact business in Florida. This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached. This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached. This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached. This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor is attached. This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached. **FIFTH:** Please check one of the boxes that apply to domestic corporations: 4 The plan of merger was approved by the shareholders and each separate voting group as required. The plan of merger did not require approval by the shareholders. SIXTH: Please check box below if applicable to foreign corporations The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws. **SEVENTH:** Please check box below if applicable to domestic or foreign non corporation(s). \Box Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

EIGHTH: If other than the date of fithan 90 days after the date this document			ger, which cannot be prior to nor more tate:
Note: If the date inserted in this bloc listed as the document's effective date			ing requirements, this date will not be
NINTH: Signature(s) for Each Party Name of Entity/Organization: North Florida Addiction Medic		Signature(s):	Typed or Printed Name of Individual: Jamie Stevens
Houston Lakeview, LLC		fin	Jamie Stevens
Corporations:	Chairma	n, Vice Chairman, President or	· Officer
General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	(If no dir Signature Signature Signature	ectors selected, signature of ince of a general partner or authories of all general partners cof a general partner cof a general partner cof a general partner cof an authorized person	corporator.)