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(((H230003805273)))



H2300038052**73**ABC

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN LYN HEALTH PRACTICE GROUP, P.A.

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H23000380527

TO: Amendment Sec Division of Cor			
NAME OF CORPO	PRATION: Lyn Health Practic	ce Group, P.A.	
DOCUMENT NUM	24.01000101046		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fec are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Eva Lo		20231:33
	•	Name of Contact Person	ري تير
	Lyn Health Practice Group, I	P.A.	ت پایاد
		Firm/ Company	1
	2028 E Ben White Blvd, #24	0-9285	-
		Address	= =====================================
	Austin, TX 78741		1
		City/ State and Zip Cod	e
	business@lynhcalth.io		
	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Eva Lo		at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depi	artment of State:
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	iling Address		Address
	endment Section		Iment Section
	vision of Corporations D. Box 6327		on of Corporations entre of Tallahassee
	lahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H23000380527

## Articles of Amendment to Articles of Incorporation of

Lyn Health Practice Group, P.A.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P21000101946		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amen	idment(s) t
A. If amending name, enter the new name of the corporation:  The		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the v	
B. Enter new principal office address, if applicable:	301 Mendias St	11.4
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Marfa, TX 79843	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2028 E Ben White Blvd, #240-9285	
	Austin, TX 78741-6966	_
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address  Name of New Registered Agent		_
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: - with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	
Check if applicable		

## H23000380527

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treusurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	2023 1:04 - 1
X Remove	<u>v</u>	Mike Jones	<del>.</del> 5
_X Add	<u>sv</u>	Sally Smith	1
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DP	David Vernon Rice, M.D.	7 Sandpiper Cove
Add			Ponte Vedra Beach, FL 32082
X Remove			
2) Change	DPS	Jane Himmelvo, M.D.	301 Mendias St
X Add			Marfa, TX 79843
Remove 3) Change	Asst S	Eva Lo (Assistant Secretary)	
X Add			2028 E Ben White Blvd, #240-9285
Remove			Austin, TX 78741
4) Change		<u></u>	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change		<del> </del>	<del></del>
Add			<del></del>
Remove			

amending or additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	2023 1:04 - 1   6:11 1:146
	2023 1/04 - 1   1/2 1/36
	2023 1/04 - 1 1071 1:1.6
	2023 1/04 - 1 1/27 1/27/6
	2023 1/04 - 1   1/2 1/3 1/3 1/3
	2023 1/04 - 1   1/2/1   1/2/1.6
	023 1:04 - 1   19:11   1:1:16
	11/04 - 1 16:1 1: 1-6
	)   - 1   P; 1   1: 1: 6
	-1 P;1 1: 1:6
	P;1 1: 16
	1:1:6
	1:1:6
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)	
(i) not applicable, that care 17/A)	
	<del> </del>

	ŀ	123000380527
The date of each amendment(s) a date this document was signed.	October 6, 2023	, if other than t
•	tober 6, 2023	
	(no more than 90 days after umendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date with epartment of State's records.	ill not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action an	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	20231!11! - 1
•	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	9:1:1 Ed
by	."	<del></del>
,	(voting group)	اب 6
11/1/2023 Dated		
Signature	Coa Lo	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Eva Lo	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	<del></del>