

L040000036856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

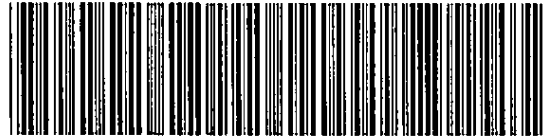
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special instructions to Filing Officer:

Office Use Only



900303834689

09/29/17--01029--003 \*\*55.00

17 SEP 29 AM 8:49  
RECEIVED  
FILING OFFICE

OCT 0 2017

## COVER LETTER

**TO:**      **Registration Section**  
**Division of Corporations**

**SUBJECT:**   Florida Health Plan Administrators, 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:

Debbie Finch  
\_\_\_\_\_  
  Name of Person

Aetna  
\_\_\_\_\_  
  Firm/Company

6720B Rockledge Drive, Suite 800  
\_\_\_\_\_  
  Address

Bethesda, MD 20817  
\_\_\_\_\_  
  City/State and Zip Code

definch@aetna.com  
\_\_\_\_\_  
  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Finch                                  301        581-5409  
\_\_\_\_\_  
  Name of Person                              at (            )                              Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy<br>(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**

Florida Health Plan Administrators, 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 May 14, 2004 and assigned Florida document number L04000036856.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

1340 Concord Terrace

**(Principal office address MUST BE A STREET ADDRESS)**

Sunrise, FL 33323

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.*

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 SEP 2009  
 AM 11:45  
 AMBR

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

N/A

Multiple horizontal lines for amending information.

17 SEP 29 AM 8:49

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 September 28, 2017

Handwritten signature of Deborah E. Finch

Signature of a member or authorized representative of a member

Deborah E. Finch, Assistant Secretary

Typed or printed name of signee