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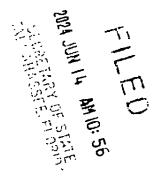
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LLC Amend





A. RAMSEY

CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

06/14/2024

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| Name: | MCNA Health Care Ho | oldings, LLC | |
| Document #: | | | |
| Order #: | 15647037 - 5 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | Country of Number of | Destination: Certs: | |
| Filing: | Certified: | Em | ail Address for Annual Report Notifications |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 43.7 | 5-55,00 | |

Thank you!

COVER LETTER

TO: Registration Section **Division of Corporations**

| SUBJECT: | MCNA Health | Care Holdings, LLC | |
|----------------------------|--|---|--|
| | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | | Michelle Krier | |
| | | Name of Person | |
| | Į | UnitedHealth Group Inc. | |
| | | Firm/Company | |
| | 9900 | Bren Road East, SD950-1000 | |
| | *** | Address | |
| | M | linnetonka, MN 55343 | |
| | | City/State and Zip Code | |
| | | chelle.krier@uhg.com be used for future annual report notif | (ication) |
| For first information of | oncerning this matter, please ca | · | neation) |
| | oncerning this matter, prease ca | | |
| Michelle Krier | | 763 361-9715 at () | |
| Name o | f Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2024 JUN 14 AM 10: 56 MCNA Health Care Holdings, 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 June 15, 2011 Florida document number L11000069916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7901 SW 6th Court, Suite 400 Enter new principal offices address, if applicable: Plantation, FL 33324 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

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> | Address | Type of Action |
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| Note: | ive date, if other than the date of filing: (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| he recor | rd 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 led. |
| Dated | June 13 , 2024 . |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Heather A. Lang, Assistant Secretary |
| | Typed or printed name of signee |