6/20/2019

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAVITA MEDICAL ACO FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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JUN 2 1 2019

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

DaVita Medical ACO Florida, 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 August 4, 2011 and assigned
Florida document number L11000089897
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
OptumCare ACO Florida, LLC
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:
(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 Florido 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

To

\_□ Remove

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>Address</u> Type of Action Title Name. □ Remove r≃D Add ☑ Remove -□ Change \_D Add \_□ Remove \_□ Change \_\_ 🗆 Add \_□ Remove □ Change \_□ Add

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etive date, if other than the date of feffective date is listed, the date must be specified. If the date inserted in this block does ament's effective date on the Department	not meet the applicable st	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pursuant to nents, this date will not be
ecord specifies a delayed effecti	ve date, but not an o led.	effective time, at	12:01 a.m. on the ea
ne 90th day after the record is fil			
tuna 20	2019		
	2019	<del>- 1</del>	

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Filing Fee: \$25.00