

3/27/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OptumCare 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 08/04/2011 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:

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)

10051 5th Street No.

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 Optum Circle

Eden Prairie, MN

55344

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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

_____, 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

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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>
Member	DaVita Medical ACO, LLC	JLD/SECGOVFIN	<input type="checkbox"/> Add
		2000 16TH STREET	<input type="checkbox"/> Remove
		DENVER, CO 80202	<input type="checkbox"/> Change
Manager	Chuang, Chan-Chou, MD	JLD/SECGOVFIN	<input type="checkbox"/> Add
		2000 16TH STREET	<input type="checkbox"/> Remove
		DENVER, CO 80202	<input type="checkbox"/> Change
Manager	Mello, Joseph C	JLD/SECGOVFIN	<input type="checkbox"/> Add
		2000 16TH STREET	<input type="checkbox"/> Remove
		DENVER, CO 80202	<input type="checkbox"/> Change
Manager	Rechtin, James A	JLD/SECGOVFIN	<input type="checkbox"/> Add
		2000 16TH STREET	<input type="checkbox"/> Remove
		DENVER, CO 80202	<input type="checkbox"/> Change
Manager	Maloney, Jeffrey W.	9900 Bren Road East	<input type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
CEO	Maloney, Jeffrey W.	9900 Bren Road East	<input type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55353	<input type="checkbox"/> Change

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IT DIRECTOR (AUTHORIZED PERSONS) 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>
CFO	Green, Jay	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
Treasurer	Gill, Peter Marshall	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
Secretary	Liethen, John George	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
Asst. Sec	Lang, Heather Anastasia	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
CMO	Allen, Barbara L., MD	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change
COO	Simpson, Tesha	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		Minnetonka, MN 55343	<input type="checkbox"/> Change

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here: (Attach additional sheets, if necessary.)

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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 3/27/2020, 2020

DocuSigned by:



19542080845

Signature of a member or authorized representative of a member

Heather A. Lang, Authorized Representative of Member

Typed or printed name of signer