4/8/2020

Division of Corporations

Florida Department of State Division of Corporations Division of Corporations Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | | |
| | Division of Corporations | | - |
| | Fax Number : (850)617-6383 | | |
| From: | | | |
| | Account Name : C T CORPORATION SYSTEM | | |
| | Account Number : FCA000000023 | | # : 4 |
| | Phone : (614)280-3338 Fax Number : (954)208-0845 | | i . |
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Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 64CA3500-0469-4152-ACB2-45E683D5D9A4

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION® OF

| NIZATION* | ø | .+ |
|-----------|---|----|
| | | |

| OptumCare ACO Florida, LLC | | | |
|--|---|------------------------------|---------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records.) ed Liability Company) | 2020 | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 8/4/2011 | 2020 Assigned | 1 |
| Florida document number E11000089897 | - | t | ** ' |
| | | 9 | • |
| This amendment is submitted to amend the following: | | A | 700E-12 |
| A. If amending name, enter the new name of the limited li | iability company here: |). | وريد ٢ |
| | | 1. 1. 2.4 | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company," the designation "LLC" o | 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 | | enter the name of th | ne n |
| registered agent and/or the new registered office address l | <u>here</u> : | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Flor | ida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent | ent: | | |
| I hereby accept the appointment as registered agent and i | agree to act in this capacity. I furth | her agree to comply w | ith (|
| provisions of all statutes relative to the proper and complete | lete performance of my duties, and | I am familiar with an | đ |

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

DocuSign Envelope ID: 64CA3500-0469-4152-ACB2-45E683D5D9A4 in amenoning Authorized rerson(s) authorized to manage, enter the fitte, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------------|-----------------------|--------------------------|-------------------|
| Manager | Maloney, Jeffrey W. | 10051 5th Street No. | |
| - | | St. Petersburg, FL 33702 | □ Remove |
| | | | X Change |
| CEO | Maloney, Jeffrey W. | 10051 5th Street No. | D Add |
| | | St. Petersburg, FL 33702 | |
| | | | ∑i Xi Change - |
| CFO | Green, Jay | 10051 5th Street No. | Ali i |
| | | St. Petersburg, FL 33702 | C Remove |
| | | | X Change |
| CMO | Allen, Barbara L., MD | 10051 5th Street No. | |
| | | St. Petersburg, FL 33702 | Remove |
| | | | X (hange |
| <u>coo</u> | Simpson, Tesha | 10051 5th Street No. | |
| | | St. Petersburg, FL 33702 | ☐ Remove |
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| • | (If an e Note | effective : If the | ate, if other than date is listed, the date e date inserted in thi effective date on th | must be specific a s block does not | nd cannot be prior t meet the applica | n date of filing or more ble statutory filing r | than 90 days aft | tional) ter filing.) Pur his date will | suant to 605 not be liste | .0207 (3 (b) ed us the |
| | If the ro (b) Th | ecord se 90tl | specifies a dela h day after the | yed effective record is filed | date, but not i. | an effective tin | ne, at 12:01 | a.m. on | the earlie | er of: |
| | Date | d 4/8 | /2020 | | | | | | | |
| | | (H | Docusigned by: tatlet I Laing | Signature of | a member or autho | rized representative of | a member | | | |
| | | | Heather A. Lang, A | | | | | | | |
| | | | | | | d name of signee | | | | |

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Filing Fee: \$25.00