

3/27/2020

Division of Corporations

**L1100011701**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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Account Number : FCA000000023  
Phone : (614)280-3338  
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2020 MAR 27 PM 12:19

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Email Address: \_\_\_\_\_

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

Certificate of Status	0
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**3/27/2020**

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APR 01 2020

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OptumCare South 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 9/29/2011 and assigned  
Florida document number LI1000111701.

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:

10051 5th Street No.

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33702

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*

\_\_\_\_\_, 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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By 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>
Mgr	RECHTIN, JAMES A	C/O SHARON STOCKMAYER	<input type="checkbox"/> Add
		CORPORATE GOVERNANCE	<input checked="" type="checkbox"/> Remove
		9900 BREN RD. E., MINNETONKA	<input type="checkbox"/> Change
MANAG	CHUANG, CHAN-CHOU, M.D.	C/O SHARON STOCKMAYER	<input type="checkbox"/> Add
		CORPORATE GOVERNANCE	<input checked="" type="checkbox"/> Remove
		9900 BREN RD. E., MINNETONKA	<input type="checkbox"/> Change
SEC	LEITHEN, JOHN G	9900 BREN RD. E	<input type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		MINNETONKA, MN 55343	<input checked="" type="checkbox"/> Change
MGR	SCHULZ, JASON	C/O SHARON STOCKMAYER, C	<input type="checkbox"/> Add
		9900 BREN RD E	<input checked="" type="checkbox"/> Remove
		MINNETONKA, MN 55343	<input type="checkbox"/> Change
MGR	MALONEY, JEFFREY W.	9900 BREN RD. E	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		MINNETONKA, MN 55343	<input type="checkbox"/> Change
CEO	MALONEY, JEFFREY W.	9900 BREN RD. E	<input checked="" type="checkbox"/> Add
		MN008-T502	<input type="checkbox"/> Remove
		MINNETONKA, MN 55343	<input type="checkbox"/> Change

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U. If amending any other information, enter change(s) 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, \_\_\_\_\_

Digitized by Google

Heather D. Lang

2017 07 28 14:00

Signature of a member or authorized representative of a member

Heather A. Lang, Authorized Representative of Member

Typed or printed name of signee

OptumCare South Florida, LLC

Title	Name	Address	Type of Action
CMO	Allen, Barbara L., M.D.	9900 Bren Road E.	Add
		Minnetonka, MN 55343	

2020 MAR 27 PM 12:20

850-617-6381

3/30/2020 10:24:11 AM PAGE 1/001 Fax Server



March 30, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OPTUMCARE SOUTH FLORIDA, LLC  
10051 5TH STREET N.  
SUITE 200  
ST. PETERSBURG, FL 33702

SUBJECT: OPTUMCARE SOUTH FLORIDA, LLC  
REF: L11000111701

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The marked boxes for adding, removing, and changing individuals' information need to be marked darker or more distinguished, for imaging purposes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000094851  
Letter Number: 120A00006875