

4/8/2020

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

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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 SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
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DocuSign Envelope ID: 64CA3500-0469-4152-ACB2-45E683D5D9A4

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 09/29/2011 and assigned
Florida document number 111000111701.

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)

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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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

Title	Name	Address	Type of Action
CEO	GREEN, JAY	9900 Bren Road E.	<input type="checkbox"/> Add
		Minnetonka, MN 55343	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	GREEN, JAY	10051 5th Street No.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	SIMPSON, TESSA	9900 Bren Road E.	<input type="checkbox"/> Add
		Minnetonka, MN 55343	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	SIMPSON, TESSA	10051 5th Street No.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MALONEY, JEFFREY W.	9900 BREN RD E	<input type="checkbox"/> Add
		MINNETONKA, MN 55343	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MALONEY, JEFFREY W.	10051 5th Street No.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12. In attaching any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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10

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.

(b) The 90th day after the record is filed.

Dated 4/8/2020

- Documented by:

Heather A. Lang

- 95F126F7D9D54B3

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
		9900 BREN RD. EAST
CMO	ALLEN, BARBARA L., M.D.	Minnetonka, MN 55343
		10051 5TH STREET NORTH
CMO	ALLEN, BARBARA L., M.D.	St. Petersburg, FL 33702

2020 APR -9 AM 9:54
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Type of Action

REMOVE

ADD

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