

L14000110548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

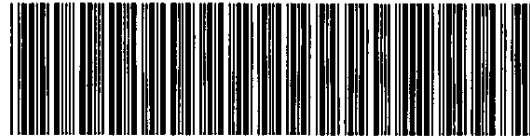
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500261289885

10/14/14--01014--010 **25.00

FILED
2014 OCT 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Healthcare Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judd S. Jackson

Name of Person

Firm/Company

36474C Emerald Coast Pkwy, Ste. 3301

Address

Destin, FL 32541

City/State and Zip Code

judd.jackson@warrenaverett.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judd S. Jackson

Name of Person

at (**850**) **837-0398**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AMENDED AND RESTATED ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

United Healthcare Solutions LLC (the "Company") filed its original Articles of Organization with the Florida Department of State effective as of July 13, 2014 (the "Original Articles") and was assigned document number L14000110548. These Amended and Restated Articles of Organization were duly adopted by the Company and were prepared in accordance with Section 605.0202, *Florida Statutes*.

ARTICLE I
Name

The name of this Limited Liability Company is:

United Healthcare Solutions LLC

ARTICLE II
Address

The initial mailing address and street address of the principal office of this Limited Liability Company is:

36474C Emerald Coast Parkway, Suite 3301
Destin, Florida 32541

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE V
Effective Date

The effective date of the Original Articles is July 13, 2014.

ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:


Judd S. Jackson
36474C Emerald Coast Parkway, Suite 3301
Destin, Florida 32541

FILED
2014 OCT 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

Judd S. Jackson, Authorized Representative

Type or printed name of signee

FILED
2014 OCT 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA