

L14 000185 086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

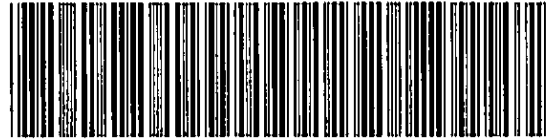
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL -7 PM 3:09
TALLAHASSEE, FL

D BRUCE
JUL 28 2021



First Consulting
& Administration

July 6, 2021

SENT VIA EXPRESS MAIL

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: SDC TPA, LLC
FEIN # 47-2896515
Change Notification
Our File Number: 6798

Dear Sir or Madam:

We have been retained by SDC TPA, LLC to assist in contacting your Office regarding a change in address and officers.

Please see enclosed the Articles of Amendment packet and the filing fee of \$25.

If you have any questions or need additional information, please call me directly at 816-391-2754.
Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION

Lexi Janssen
Sr. Licensing Specialist
Email: lexi.janssen@firstconsulting.com

2021 JUL -7 PM 3:09
TALLAHASSEE, FL
F-1179

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDC TPA, 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:

Lexi Janssen

Name of Person

First Consulting & Administration

Firm/Company

929 Walnut, Suite 300

Address

Kansas City, MO 64106

City/State and Zip Code

lexi.janssen@firstconsulting.com

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

For further information concerning this matter, please call:

Lexi Janssen

816

391-2754

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

2021 JUL -7 PM 3:09

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SDC TPA, 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 11/12/2014 and assigned
Florida document number L14000185086.

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

- 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>
CFO	Mary Anne McLaren	8500 W. 110th St., Ste 450, Overland Park, KS 66210	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	John Rosenbaum	8500 W. 110th St., Ste 450, Overland Park, KS 66210	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 PH 3/3/21
JANUARY - FEBRUARY
2021 PH 3/3/21

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ITALIA V. 10000

2021 JUL -7 PM 3:49
ALIAN

7

(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

6/25/21

Signature of a member or authorized representative of a member

John Rosenbaum, Secretary

Typed or printed name of signee

Filing Fee: \$25.00