

L14000185086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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R. HUNT

02/23/23



February 22, 2023

SENT VIA EXPRESS MAIL

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

RE: Aria Care TPA, LLC  
FEIN # 47-2896515  
**Change Notification**

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2023 FEB 23 PM 1:14  
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CORPORATIONS, FL

Dear Sir or Madam:

We have been retained by Aria Care 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

A handwritten signature in black ink, appearing to read "Lexi Janssen", written in a cursive style.

Lexi Janssen  
Sr. Licensing Specialist  
Email: [lexi.janssen@firstconsulting.com](mailto:lexi.janssen@firstconsulting.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aria Care 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)

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2009 FEB 23 PM 1:14  
TALLHASSEE, FL  
DIVISION OF STATE

For further information concerning this matter, please call:

Lexi Janssen at ( 816 ) 391-2754  
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

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

Aria Care 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NOV 13 2014  
TALLAHASSEE FL

**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 type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 FEB 23 PM 11:14  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL  
STATE

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 February 17, 2023

Signature of a member or authorized representative of a member

John Rosenbaum, Secretary

Typed or printed name of signee

**Officers and Managers of Aria Care TPA, LLC**

<b>Officers</b>	<b>Title</b>
Tony B. Layne	Chairman
John Griscavage	Chief Executive Officer
John Rosenbaum	Secretary

<b>Manager(s)</b>
John Griscavage
David Kennedy
Tony B. Layne
Larry S. Spitcaufsky