

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:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARIA CARE TPA, LLC

Certificate of Status	0
Certified Copy	1
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M. SOLOMON
FEB 29 2024

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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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)

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

H24000078988

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Oswald, Matthew	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	John Rosenbaum	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park, KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	John Griscavage	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park, KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR& Chairman	Tony B. Layne	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park, KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Larry Spitzcaufsky	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park, KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Kennedy	8500 W. 110th Street Suite 450	<input type="checkbox"/> Add
		Overland Park, KS 66210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Innovative Healthcare Investments, LLC	16119 STATE ROAD 71 S	<input checked="" type="checkbox"/> Add
		Blountstown, FL 32424	<input 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
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D. 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 February 27, 2024

- DocuSigned by:

Monica Green

Signature of a member or authorized representative of a member

Monica Greer Authorized Representative of the Member, Innovative Healthcare Investments, LLC

Typed or printed name of signee

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Filing Fee: \$25.00