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(Requestor's Name)	
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PICK-UP WAIT M	AIL
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COVER LETTER

Division o	f Corporations
Health	a Alliance ACO, LLC
SUBJECT:	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following:
	Douglas Tewksbury
	Name of Person
	Universal Health Services, Inc.
	Firm/Company
	367 South Gulph Road
	Address
	King of Prussia, PA 19406
	City/State and Zip Code
	uhscorpfilings@uhsinc.com E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Douglas Tewksbur	9 610 382-3395 at (
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ee U\$30.00 Filing Fee & U\$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health Alliance ACO, 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 5/11/2015 and assigned Florida document number L15000083186 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." 367 South Gulph Road Enter new principal offices address, if applicable: King of Prussia, PA 19406 (Principal office address MUST BE A STREET ADDRESS) 367 South Gulph Road Enter new mailing address, if applicable: King of Prussia, PA 19406 (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 ne registered agent and/or the new registered office address here: Corporation Service Company Name of New Registered Agent: 1201 Hays Street New Registered Office Address: Enter Florida street address Tallahassee Florida 32301

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.

City

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>	Address	Type of Action
MGR	District Hospital Partners, LP	367 South Gulph Road	■ Add
		King of Prussia, PA 19406	Remove
			☐ Change
MGR	Rajendra Bansal	875 Military Trail	
		Suite 200	■ Remove
		Jupiter, FL 33458	☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			D Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change

		
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the I	st be specific and cannot be prior to date of filing or more than 9 lock does not meet the applicable statutory filing require:	(optional) 0 days after filing.) Pursuant to 605.0207 (ements, this date will not be listed as t
record specifies a delaye he 90th day after the re	d effective date, but not an effective time, at ord is filed.	: 12:01 a.m. on the earlier of:
ed March 20	2018	
	Signature of a member or authorized representative of a mem	

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code	
	Tallahassee		, Florida 32301	
	· 	Enter Florida street e	address	
New Registered Office Address:	1201 Hays Stre	eet		
Name of New Registered Agent:	Corporation Se	rvice Company		· · ·
registered agent and/or the new registered o	ffice address her	<u>'e</u> :		
B. If amending the registered agent and	-		cords, enter the name of	the new
				PAR BAR
(Mailing address MAY BE A POST OFFICE BOX)				FLO
J ,		King of Prussia, PA 1940)6	
Enter new mailing address, if applicable:		367 South Gulph Road		ETARY HASSI
(Principal office address MUST BE A STREET ADDRESS)		King of Prussia, PA 1940	96	zi ₹s
Enter new principal offices address, if applic	able:	367 South Gulph Road		·
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.	C."
A. If amending name, enter the new name o	f the limited liab	oility company here:	·	
This amendment is submitted to amend the following	owing:			
Florida document number L15000083186	-			
The Articles of Organization for this Limited L	iability Company	were filed on 3/11/2013	and assig	ned
		-		
(Name of the Limi	ed Liability Compa	any as it now appears on our r Liability Company)	ecords,)	
Health Alliance ACO, LLC				

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>	Address	Type of Action
MGR	District Hospital Partners, LP	367 South Gulph Road	
		King of Prussia, PA 19406	☐ Remove
		·	
MGR	Rajendra Bansal	875 Military Trail	
		Suite 200	□ Add
			Remove
		Jupiter, FL 33458	Change
			□ Add
			□ Remove
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fective date, if other than the date of filing:			
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fective date, if other than the date of filing: on 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.	ocument s'effective date on the Depa	·	•
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Filing Fee: \$25.00