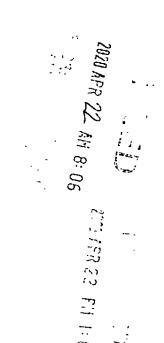
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## **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Thank you!

#### **COVER LETTER**

Division of Corpo	
Aveila of Tam SUBJECT:	ipa, LLC
	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Christine Feldman
	Name of Person
	UnitedHealth Group
	Firm/Company
	9900 Bren Road East, AZ 990-1000
	Address
	Minnetonka, MN 55343
	City/State and Zip Code
	christine.e.feldman@uhg.com
	E-mail address: (to be used for future annual report notification)
For further information con-	cerning this matter, please call:
Christine Feldman	925 519-8819 at( )
Name of Pe	
Enclosed is a check for the f	following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2020 APR <2 AH 8: 06 Aveila of Tampa, 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 04/18/2001 and assigned Florida document number L16000196074 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited llability company here: Optum Pharmacy 601, LLC 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 \_

#### 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 2020 AFR 22 AH 8: 06 MGR = Manager AMBR = Authorized Member **Title** Type of Action Name **Address** □ Add □ Remove ☐ Change □ Add ☐ Remove \_ Change □ Add \_□ Remove \_□ Change \_\_ Add \_ \_\_\_ Remove \_\_ Change \_D Add \_□ Remove \_\_ Change \_ 🗆 Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00