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(Business Entity Name)

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APR 23 2020

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 4/22/2020

Acc#I20160000072

en: c DW

Name:	AVELLA OF TAMPA, LLC
Document #:	
Order #:	12898187

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 55.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avella of Tampa, 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:

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.c.feldman@uhg.com

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

For further information concerning this matter, please call:

Christine Feldman

925

519-8819

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/COURIER ADDRESS:

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

2020 APR 22 AM 8:06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FL055 - 11/16/2017 Waters Kluwer Online

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

2020 APR 22 AM 8:06
STATE
FL

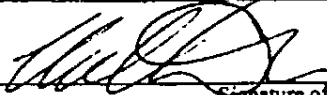
E. Effective date, if other than the date of filing: May 11, 2020 (optional)

(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 April 20, 2020



Signature of a member or authorized representative of a member

Heather Anatasia Lang, Authorized Representative of a Member

Typed or printed name of signee