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| (Requ | uestor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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JAN 2 6 2016 Y. SULKER CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 55.00 ORDER DATE: January 24, 2018 ORDER TIME : 8:59 AM ORDER NO. : 039234-005 CUSTOMER NO: 4352697 DOMESTIC AMENDMENT FILING NAME: CONSORTIUM OF MEDICAL PRACTICES, PLLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

CERTIFICATE OF GOOD STANDING

XX CERTIFIED COPY

PLAIN STAMPED COPY

EXAMINER'S INITIALS:

COVER LETTER

| | gistration Sec vision of Corp | | | |
|--------------|----------------------------------|---|---|---|
| SUBJECT: | | of Medical Practices, PLLC | | |
| SUBJECTS | • | Name of Limi | ted Liability Company | |
| The enclose | ed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please retur | n all correspoi | ndence concerning this matter t | o the following: | |
| | | Corporate Secretary, Law I | Department | |
| | | | Name of Person | |
| | | Consortium of Medical Pra | ctices, PLLC | |
| | | - | Firm/Company | |
| | | 500 West Main Street, 21st | Floor | |
| | | | Address | |
| | | Louisville, KY 40202 | | |
| | | | City/State and Zip Code | |
| | | mnawabi4@humana.com | | |
| | | E-mail address: (to | o be used for future annual report notific | cation) |
| For further | information co | oncerning this matter, please ca | 11: | |
| Mehrya Na | wabi | | 502 580-3691 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Consortium of Medical Practices, PLLC | | | | |
|--|--|----------------------|-------------|--------|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability C | Company were filed on 11/03/2017 | ; | and ass | signed |
| lorida document number L17000227822 | <u></u> . | | | |
| This amendment is submitted to amend the following: | | | | |
| a. If amending name, enter the new name of the lim | nited liability company here: | | | |
| Conviva Physician Group, PLLC | | | | |
| he new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "LLC" or the | abbrevia | ition "L. | .L.C." |
| Inter new principal offices address, if applicable: | | | | |
| • • • | | | | |
| <u> Principal office address MUST BE A STREET ADD.</u> | RESS) | | | |
| | | | | |
| | | | | |
| Inter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX | - | | 18 | |
| ordining dadress MAT BE A FOST OFFICE BOA | | | JAN | |
| | | <u></u> | No | * |
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| 3. If amending the registered agent and/or regions ogistered agent and/or the new registered office ado | | r-tne | name E | Ol-IDC |
| egistered agent and/or the new registered office add | ures nere, | | Ň | |
| | | \cong \mathbb{R} | Ť. | |
| Name of New Registered Agent: | | | 9 | |
| Name Descriptional Office Address. | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | | | | |
| | , Florida, Florida, | 71 | p 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

| Title | <u>Name</u> | Address | Type of Action |
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| an effe lote: | cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records. | Parsoan | i io 605. hodiste | .0207 ed as |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed. | on the | earlie | er of |
| ated _ | January 24 2018 | | | |
| | ///FUNG / / / | | | |
| | Signature of a member or authorized representative of a member | | | |

Page 3 of 3

Filing Fee: \$25.00