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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2020 DEC 16 AM 9:10

DLC 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 546480 4352697

AUTHORIZATION : *Eylien Baker*

COST LIMIT : \$ 25.00

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ORDER DATE : December 10, 2020

ORDER TIME : 12:24 PM

ORDER NO. : 546480-010

CUSTOMER NO: 4352697  
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DOMESTIC AMENDMENT FILING

NAME: CONVIVA PHYSICIAN GROUP, PLLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF AMENDMENT  
\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY  
XX\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



# RESUBMIT

Please give original  
submission date as file date

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2020

CSC

SUBJECT: CONVIVA PHYSICIAN GROUP, PLLC  
Ref. Number: W20000141112

We have received your document for CONVIVA PHYSICIAN GROUP, PLLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

wrong form must file an amendment to do a name change not a converison

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 920A00025074

RECEIVED

2020 DEC 29 PM 1:50

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Conviva Physician Group, PLLC

\_\_\_\_\_  
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:

Humana Inc.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

500 West Main Street c/o Corporate Secretary

\_\_\_\_\_  
Address

Louisville, KY 40202

\_\_\_\_\_  
City/State and Zip Code

mnawabi4@humana.com

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

For further information concerning this matter, please call:

Mehrya Nawabi

502

580-3691

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Conviva Physician Group, PLLC

(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 11/3/2017 and assigned Florida document number L17000227822.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Conviva Physician Group, 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 \_\_\_\_\_  
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 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>	<u>Address</u>	<u>Type of Action</u>
Assoc. VP, Asst. Gen. Counsel & Corp. Sec.	Joseph M. Ruschell	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SVP-Tax	Hank Robinson	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 1/1/2021 (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 (

**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 December 25

2020

Signature of a member or authorized representative of a member

Joseph M. Ruschell

Typed or printed name of signee

**Filing Fee: \$25.00**