Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000009340 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

(i)

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

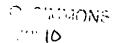
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELLCARE MEDICAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



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

WellCare Medical Group, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/03/2019	and assigned
Florida document number £19000002937		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	Ċ
The new name must be distinguishable and contain the words "Limited Lial	hility Company," the designation "LLC" or th	ne abhreviation "L.L.C."
Enter new principal offices address, if applicable:		<i>⇔</i>
Principal office address MUST BE A STREET ADDRESS)		1.5
		ū
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of cgistered agent and/or the new registered office address he		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	

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 heing 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, Stenature 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>	Type of Action
AMBR	Cermon Sanz	327 W Lantana Rd. Suite: Wellcare Lontana, FL 33462	
			= Add
			Remove
			Change
AMBR	Talib Jaber	327 W Lantana Rd, Suite: Wellcare Lantana, FL 33462	F Add
			Remove
		Change	
AMBR Vikram Tarugu	Vikram Tanıgu	327 W Lantana Rd. Suite: Wellcare Lantona, FL 33462	
			Remove
			☐ Change
AMBR	Muhammad Syed	327 W Lentana Rd. Suite: Wellcare Lantana, FL 33462	Add
			Remove
		Change	
AMBR Heriberto Martinez	Heriberto Martinez	327 W Lantana Rd. Suite: Wellcare Lantana, FL 33462	■ Add
		Remove	
			☐ Change
			Add
		<u> </u>	□ Remove
			Change

. . . .

	·
	1
	- J
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable current's effective date on the Department of State's records.	(optional) ite of filing or more than 90 days after filing) Pursuant to 605,020 statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier o
ated January 9th 2019	
Signature of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00