

L21 000095817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

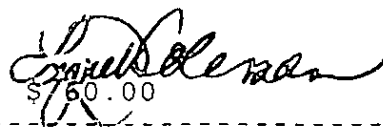
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 351663 7930864

AUTHORIZATION :

COST LIMIT : \$760.00



ORDER DATE : January 13, 2023

ORDER TIME : 12:20 PM

ORDER NO. : 351663-005

CUSTOMER NO: 7930864

DOMESTIC AMENDMENT FILING

NAME: FLORIDA PHS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Curana Health of Florida, 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:

TJ Monell

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

Curana Health

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

3901-A Spicewood Springs Road, Suite 201

\_\_\_\_\_  
Address

Austin, TX 78759

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

tyler.monell@allyalign.com

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

For further information concerning this matter, please call:

TJ Monell

970

217-2852

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

FILED

2023 JAN 13 AM 9:21

FLORIDA PHS, LLC

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

FILED  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on February 26, 2021 and assigned  
Florida document number L21000095817.

This amendment is submitted to amend the following:

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

CURANA HEALTH OF FLORIDA, 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:

3901-A SPICEWOOD SPRINGS ROAD SUITE 201

(Principal office address MUST BE A STREET ADDRESS)

AUSTIN, TX 78759

Enter new mailing address, if applicable:

3901-A SPICEWOOD SPRINGS ROAD, SUITE 201

(Mailing address MAY BE A POST OFFICE BOX)

AUSTIN, TX 78759

**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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Provider Health Services, LLC	3901-A Spicewood Springs Road, Suite 201	<input checked="" type="checkbox"/> Add
		Austin, TX 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE HOWARD	1509 DULLES DRIVE	<input type="checkbox"/> Add
		LAFAYETTE, LA 70509	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS SIMONEAUX	1509 DULLES DRIVE	<input type="checkbox"/> Add
		LAFAYETTE, LA 70509	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	MARK PRICE	3901-A Spicewood Springs Road, Suite 201	<input checked="" type="checkbox"/> Add
		Austin, TX 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	ANTONIO GAMBOA	3901-A Spicewood Springs Road, Suite 201	<input checked="" type="checkbox"/> Add
		Austin, TX 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	DARRYL LANDAHL	3901-A Spicewood Springs Road, Suite 201	<input checked="" type="checkbox"/> Add
		Austin, TX 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STILLHARVEST FL

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2023 JAN 13 AM 9:21  
ST. LOUIS MO

(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)

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 June 16, 2022

- DocuSigned by:

Darryl Landahl

-4268294F406341B..

Signature of a member or authorized representative of a member

Darryl Landahl

Typed or printed name of signee

**Filing Fee: \$25.00**