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Da	ate:	01/16/2025	- w: DW
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Name:	Signify Hea	alth Medical Associates	s, PLLC
Document #:			
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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations SIGNIFY HEALTH MEDICAL ASSOCIATES, LLC SUBJECT: 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: Nick Greiner Name of Person McDermott Will & Emery LLP Firm/Company 444 West Lake Street, Suite 4000 Address Chicago, IL 60606-0029 City/State and Zip Code david.fairchild@cvshealth.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 347-6538 Betty Brito Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ✓ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Signify Health Medical Associates, LLC

(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 January 8th, 2025	and assigned
Florida document number L25000009281		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Signify Health Medical Associates, PLLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e 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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the n</u>	name of the new registered
Name Paris and Office Additional		
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 	□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific an block does not	nd cannot be prior meet the applic	able statutory f	r more than 90 days after	ional) er filing.) Pursuant to 605.0 iis date will not be listed	0207 i d as t
record specifies a delayed effer d is filed.	tive date, but no	ot an effective t	ime, at 12:01 a.	m, on the earlier of: (b) The 90th day after	the
Dated		2025	·			
_/s/ Davia	Fairchil.	Id.				
		·~				
	Signature of a	member or auth	orized representa	tive of a member		