

M0900000 2970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

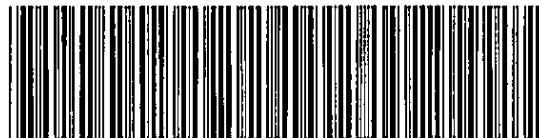
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

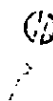
Office Use Only



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Kyle B.

7/20/23



2023 JUL 18 PM 3:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2023

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: GENOA HEALTHCARE LLC  
Ref. Number: M09000002970

We have received your document for GENOA HEALTHCARE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you have submitted is for amending foreign corporations, however, your entity is a foreign LLC. Please provide the correct forms.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS  
Regulatory Specialist III

Letter Number: 223A00016042



2023 JUL 20 AM 10:48

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 07/18/2023

Acc#120160000072

*en: c DW*

Name:	GENOA HEALTHCARE LLC
Document #:	
Order #:	15040306

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Genoa Helathcare LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M09000002970

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 07/31/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Todd Vincent Gustin	11000 Optum Circle	<input checked="" type="checkbox"/> Add
		Eden Prairie, MN 55344	<input type="checkbox"/> Remove
Treasurer	Peter Marshall Gill	9900 Bren Road East	<input checked="" type="checkbox"/> Add
		Minnetonka, MN 55343	<input type="checkbox"/> Remove
Secretary	Karen Elizabeth Bohmer	1600 McConnor Parkway	<input checked="" type="checkbox"/> Add
		Schaumburg, IL 60173	<input type="checkbox"/> Remove
Asst. Sec	Timothy Joseph Langdon	2717 N. 118th St., Suite 300	<input checked="" type="checkbox"/> Add
		Omaha, NE 68164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Timothy Joseph Langdon, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00