

M09000003722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

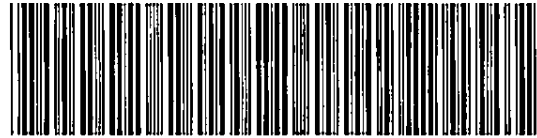
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200304903442

10/31/17--01005--028 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT 31 AM 7:45



October 26, 2017

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: MagnaCare Administrative Services, LLC Name Change

To Whom It May Concern:

This mailing is provided to the State of Florida in reference to the name change for MagnaCare Administrative Services, LLC.

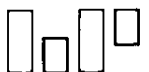
MagnaCare Administrative Services, LLC has changed its name to Brighton Health Plan Solutions, LLC. The tax ID number, 11-3410766, will remain the same. This name change is effective based on approval from the New York Secretary of State effective September 20, 2017. The documentation for that approval is included.

Should you have any questions or require additional information, please do not hesitate to contact me at (732) 242-6876.

Thank you,

A handwritten signature in black ink, appearing to read "John Teevan".

John P. Teevan  
Manager of Audit



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MagnaCare Administrative Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam L. Young  
Name of Person

Brighton Health Plan Solutions, LLC  
Firm/Company

44 Gilbert Street West  
Address

Tinton Falls, NJ 07701  
City/State and Zip Code

kklein@magnacare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Klein at ( 732 ) 242-6851  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: MagnaCare Administrative Services, 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)

44 Gilbert Street West

Attn: Chief Legal Officer

Tinton Falls, NJ 07701

2. The Florida document number of this limited liability company is: M09000003722

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 09/21/2009

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

5. New name of the limited liability company: Brighton Health Plan Solutions, LLC  
(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.*

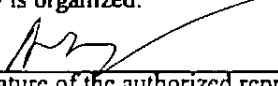
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Michael Jordan</u>		<input type="checkbox"/> Add
		<u>1 Penn Plaza, New York, NY 10119</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Carmilla Tan</u>	<u>1 Penn Plaza, New York, NY 10119</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

**Adam L. Young**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

N. Y. S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

=====

ENTITY NAME: BRIGHTON HEALTH PLAN SOLUTIONS, LLC

DOCUMENT TYPE: AMENDMENT (DOM LLC)  
NAME

COUNTY: NASS

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FILED:09/20/2017 DURATION:\*\*\*\*\* CASH#:170920000407 FILM #:170920000370

FILER:

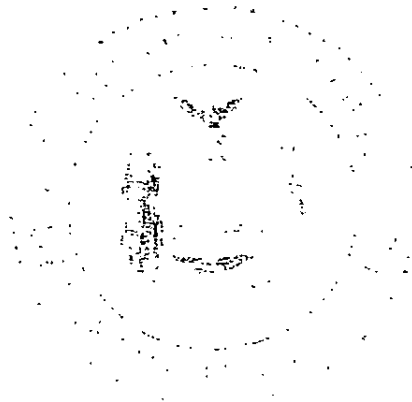
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KIMBERLY J. QUEZADA  
FFHSJ, 801 17TH STREET, NW

WASHINGTON, DC 20006

ADDRESS FOR PROCESS:

REGISTERED AGENT:

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SERVICE COMPANY: CORPORATION SERVICE COMPANY - 45

SERVICE CODE: 45

FEES	370.00
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FILING	60.00
TAX	0.00
CERT	0.00
COPIES	10.00
HANDLING	300.00

PAYMENTS	370.00
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CASH	0.00
CHECK	0.00
CHARGE	0.00
DRAWDOWN	370.00
OPAL	0.00
REFUND	0.00

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DOS-1025 (04/2007)



Division of Corporations,  
State Records and  
Uniform Commercial Code

170920000370

New York State  
Department of State  
DIVISION OF CORPORATIONS,  
STATE RECORDS AND  
UNIFORM COMMERCIAL CODE  
One Commerce Plaza  
99 Washington Ave.  
Albany, NY 12231-C001  
www.dos.ny.gov

CSC 45  
Drawdown

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF ORGANIZATION  
OF

MagnaCare Administrative Services, LLC

*(Insert Name of Domestic Limited Liability Company)*

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

MagnaCare Administrative Services, LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

MagnaTPA, L.L.C.

SECOND: The date of filing of the articles of organization is: November 7, 1997

THIRD: The amendment effected by this certificate of amendment is as follows:

The subject matter and full text of each amended paragraph must be stated.

FOR EXAMPLE: a certificate of amendment changing the name of the limited liability company would read as follows:

Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:

FIRST: The name of the limited liability company is (...new name...).

Paragraph First of the Articles of Organization relating to  
the name of the limited liability company.

is hereby amended to read as follows:

FIRST: The name of the limited liability company is Brighton Health Plan Solutions, LLC (the "Company").