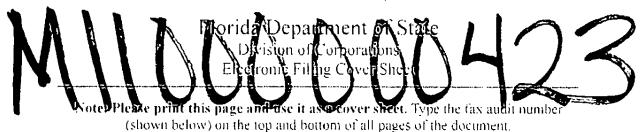
1/5/23, 12:59 PM

Division of Corporations



(((H23000005811 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:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*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 OPTUMRN PBM OF WISCONSIN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

$\sim$	ኅኮኅኅ
	لاستنا

Electronic Filing Menu — Corporate Filing Menu —

Help

To:

## 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)

State: OPTUMRX PBM OF WISCONSIN, LLC				
Enter new principal office address, if applicable:	11000 Optim Circle			
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Eden Prairie, MN 55344			
Enter new mailing address, if applicable:	11000 Optum Circle			
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	Elden Prairie, MN 55344			
2. The Florida document number of this limited lic	ability company is: M11000000423			
3. Jurisdiction of its organization: Wisconsin				
4. Date authorized to do business in Florida: 01/28/2011				
SECTION II (5-9 complete only the applicable	changes)			
<ol> <li>New name of the limited liability company:</li></ol>	st contain "Limited Liability Company, " "L.L.C.," or "L.f.C.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company." "L.L.C.	I for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")			
<ol> <li>If amending the registered agent and/or registeregistered agent and/or the new registered office ar</li> </ol>	ed officer address on our records, enter the name of the new ddress here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
_	, Florida			
	City Zip Code			

If Changing Registered Agent, Signature of New Registered Agent

8. If the amenament cr	If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:						
Title/ Capacity	<u>Name</u>	Address T	ype of Action				
	<del> </del>		□Add				
			_ □Remove				
			□Add				
			□Remove				
			_ □Add : 2023 : 2023				
			Remove &				
			_ □Remove				
			□Add				
aforementioned amo	cate, if required: no more than 90 condinent(s), duly authenticated by the law of which this entity is organ	the official having custody of records in the	Remove				
	Signature of the	he authorized representative					
	JOE DAVIS, MA						

Filing Fee: \$25.00