

MI70000000663

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRET

2018 JUL 10 AM 11:16

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (614) 290-3338
Fax Number : (954) 208-0945

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
PATRIOT CARE MANAGEMENT, LLC

Requesting original
filing date of
7/5/2018

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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7/5/2018

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Corporate Filing Menu

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JUL 11 2018

2018 JUL -5 AM 10:59

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: Patriot Care Management, LLC

Enter new principal office address, if applicable: 5900 North Andrews Avenue, Suite 1000

(Principal office address
MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33309

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: M17000000663

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/24/2017

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

5. New name of the limited liability company: CTS Care Management, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida


33324

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.



Kimberly Laughrey- Asst. Secretary

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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

Beth Crews, Vice President, Patriot Services, LLC, sole member

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PATRIOT CARE
MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "CTS CARE MANAGEMENT, LLC" ON THE SECOND DAY OF JULY,
A.D. 2018, AT 10:15 O'CLOCK A.M.



3322299 8320
SR# 20185501294

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203006211
Date: 07-03-18

850-617-6381

7/10/2018 10:11:46 AM PAGE 1/001 Fax Server



July 10, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PATRIOT CARE MANAGEMENT, LLC
401 EAST LAS OLAS BLVD, SUITE 1650
FORT LAUDERDALE, FL 33301US

SUBJECT: PATRIOT CARE MANAGEMENT, LLC
REF: M17000000663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H18000196869
Letter Number: 418A00013912

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