

8/1/2019

Division of Corporations

M17000006150

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000230296 3)))



H190002302963ABC%

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 : (614)280-3338
Fax Number : (954)208-0845

FILED
19 AUG -1 AM 10:10
TALLAHASSEE, FLORIDA

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
DAVITA MEDICAL GROUP FLORIDA CI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED
19 AUG -1 PH 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
AUG 2 2019

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

FILED AUG-11 AM 10:10

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: DaVita Medical Group Florida CI, LLC

Enter new principal office address, if applicable: 1100 Optum Circle Eden Prairie, MN 55344 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1100 Optum Circle Eden Prairie, MN 55344 (Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000006150

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/20/2017

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

5. New name of the limited liability company: OptumCare Florida CI, 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

City, Florida 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>
Treasurer	Peter M. Gill	United Health Group Incorporated c/o Ethical Stockholder, Corporate Governance	<input checked="" type="checkbox"/> Add
		9900 Bren Road East, Minnetonka, MN 55343	<input type="checkbox"/> Remove
Secretary	John G. Liethen	United Health Group Incorporated c/o Ethical Stockholder, Corporate Governance	<input checked="" type="checkbox"/> Add
		9900 Bren Road East, Minnetonka, MN 55343	<input type="checkbox"/> Remove
Secretary	Heather A. Lang	United Health Group Incorporated c/o Ethical Stockholder, Corporate Governance	<input checked="" type="checkbox"/> Add
		9900 Bren Road East, Minnetonka, MN 55343	<input type="checkbox"/> Remove
Manager	Joseph C. Mello	601 Hawaii St. Attn: JLD/SECGOVFIN.	<input type="checkbox"/> Add
		El Segundo, CA 90245	<input checked="" type="checkbox"/> Remove
Manager	Jason Schulz	United Health Group Incorporated c/o Ethical Stockholder, Corporate Governance	<input checked="" type="checkbox"/> Add
		9900 Bren Road East, Minnetonka, MN 55343	<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

James A. Rehtin

Typed or printed name of signee

Filing Fee: \$25.00

19 AUG -1 AM 10:10
FILED
MINNESOTA SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DAVITA MEDICAL GROUP FLORIDA CI, LLC", CHANGING ITS NAME FROM "DAVITA MEDICAL GROUP FLORIDA CI, LLC" TO "OPTUMCARE FLORIDA CI, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2019, AT 4:27 O'CLOCK P.M.

FILED
 19 AUG - 1 AM 10:10
 STATE OF DELAWARE
 DEPARTMENT OF REVENUE



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

6485305 8100
 SR# 20195655238

Authentication: 203112272
 Date: 06-27-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:27 PM 06/25/2019
FILED 04:27 PM 06/25/2019
SR-20195655238 - File Number 6485365

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company:
DaVita Medical Group Florida CI, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. Name of the Limited Liability Company: OptumCare Florida CI, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 19th day of June, A.D. 2019.

By: 
Authorized Person(s)

Name: James A. Rechin
Print or Type

19 AUG - 1 AM 10:10
FILED
FALLS CHURCH, VA
STATE OF DELAWARE