M17000006150

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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19 SEP -6 PM 9:20

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 SEP -6 AM 8:13

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OPTUMCARE FLORIDA CI, LLC

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

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K SALY
SEP - 6 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITYTO 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: OptumCareFloridaCI,LLC

FILED
19 SEP -6 PM 9:20

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: 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: _____
(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: CTCorporationSystem

New Registered Office Address: 1200SouthPineIslandRoad
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.

Scott White
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

3 CTCorporationSystem

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:

Title/ Capacity	Name	Address	Type of Action
Managing Member	DaVitaMedicalFlorida,Inc	200016thSt Attn: JLD/SECGOVFIN. Denver, CO 80202	☐ Add ☒ Remove
Managing Member	OptumCareFlorida,LLC	11000optumCircle Eden Prairie, MN 55344	☒ Add ☐ Remove
Manager	Mello,Joseph	601HawaiiSt. Attn: JLD/SECGOVFIN. El Segundo, CA 90245	☐ Add ☒ Remove
CFO	Green,Jay	UnitedHealthGroupIncorporated 9900BrenRd.East Minnetonka, MN 55343	☒ Add ☐ Remove
COO	Simpson,Tesha	UnitedHealthGroupIncorporated 9900BrenRd.East Minnetonka, MN 55343	☒ Add ☐ 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.

James Rechtin of the authorized representative

JamesA.Rechtin

Typed or printed name of signee

Filing Fee: $25.00

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
Manager	Rechtin,JamesA.	UnitedHealthGroupIncorporated	☐ Add
		9900BrenRd.East	☒ Remove
		Minnetonka, MN 55343	☒ Change
Manager	Chuang,Chan-Chou,MD	UnitedHealthGroupIncorporated	☒ Add
		9900BrenRd.East	☐ Remove
		Minnetonka, MN 55343	☒ Change
			☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change