

3/27/2020

Division of Corporations

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Division of Corporations
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April 1, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OPTUMCARE FLORIDA CI, LLC
601 HAWAII ST
ATTN: JLD/SECGOVFIN.
EL SEGUNDO, CA 90245

SUBJECT: OPTUMCARE FLORIDA CI, LLC
REF: M17000006150

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

Please remove the FLORIDA signature page and sign the FOREIGN signature page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000094849
Letter Number: 120A00007119

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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: OptumCare Florida CL, LLC

Enter new principal office address, if applicable: _____

(Principal office addressMUST BE A STREET ADDRESS)10051 5th Street No.St. Petersburg, FL 33702

Enter new mailing address, if applicable: _____

(Mailing addressMAY BE A POST OFFICE BOX)2. The Florida document number of this limited liability company is: 11170000061503. Jurisdiction of its organization: DE4. 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," "LLC," 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," "LLC," 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 AddressCity, Florida Zip CodeNew 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

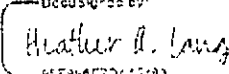
DocuSign Envelope ID: C5AB477B-2B69-4053-A838-3E631463CE93

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>
MANAG 	RECHTIN,JAMESA.	9900BRENRD.EAST	<input type="checkbox"/> Add
		MINNETONKA,MN55343	<input checked="" type="checkbox"/> Remove
MANAG 	CHUANG,CHAN-CHOU,MD	9900BRENRD.EAST	<input type="checkbox"/> Add
		MINNETONKA,MN55343	<input checked="" type="checkbox"/> Remove
MGR	SCHULZ,JASON	9900BRENRD.EAST	<input type="checkbox"/> Add
		MINNETONKA,MN55343	<input checked="" type="checkbox"/> Remove
MGR	MALONEY,JEFFREY W.	9900BRENRD.EAST	<input checked="" type="checkbox"/> Add
		MINNETONKA,MN55343	<input type="checkbox"/> Remove
CEO	MALONEY,JEFFREY W.	9900BRENRD.EAST	<input checked="" type="checkbox"/> Add
		MINNETONKA,MN55343	<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

Heather A. Lang, Authorized Representative of Member

 Typed or printed name of signee

Filing Fee: \$25.00

OptumCare Florida CI, LLC

Title	Name	Address	Type of Action
CMO	Allen, Barbara L., M.D.	9900 Bren Road E.	Add
		Minnetonka, MN 55343	