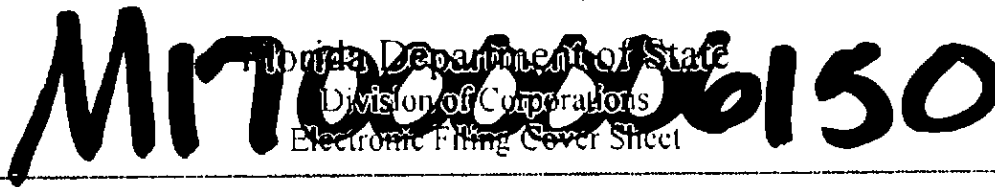


4/8/2020

Division of Corporations



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.

(((H20000105236 3)))



H20000105236ABCT

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

****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
OPTUMCARE FLORIDA CI, LLC**

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

O SIMMONS

APR 10 2020

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DocuSign Envelope ID: 64CA3500-0469-4152-ACB2-45E683D5D9A4

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 CI, LLC

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: DE

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," "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 Address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 64CA3500-0469-4152-ACB2-45E683D5D9A4

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>
MGR	MALONEY, JEFFREY W.	9900 BREN RD. EAST	<input type="checkbox"/> Add
		MINNETONKA, MN 55343	<input checked="" type="checkbox"/> Remove
MGR	MALONEY, JEFFREY W.	10051 5th Street No.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
CEO	MALONEY, JEFFREY W.	9900 BREN RD. EAST	<input type="checkbox"/> Add
		MINNETONKA, MN 55343	<input checked="" type="checkbox"/> Remove
CEO	MALONEY, JEFFREY W.	10051 5th Street No.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<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.

DocuSigned by:

Heather A. Lang

25E008E7DA86483

Signature of the authorized representative

Heather A. Lang, Authorized Representative of Member

Typed or printed name of signer

Filing Fee: \$25.00

OptumCare Florida CI, LLC

Title	Name	Address
		9900 BREN RD. EAST
CFO	GREEN, JAY	Minnetonka, MN 55343
		10051 5TH STREET NORTH
CFO	GREEN, JAY	St. Petersburg, FL 33702

2020 APR -9 AM 9:43

Type of Action

REMOVE

ADD

2020 APR -9 AM 9:43