

9/17/2019

2019-09-19 17:17:08 CST

16744554862 From: James T

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H19000278835 3)))



H190002788353ABCA

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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
BRIOVARX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: BrioRx, LLC

2. The Florida document number of this limited liability company is: M18000005721

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 06/15/2018

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

5. New name of the limited liability company: Optum Pharmacy 705, 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 office 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

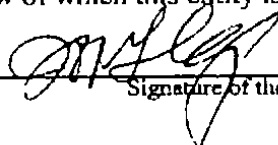
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2019 SEP 20 PM 2:07
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

Jeffrey D. Grosklags

 Typed or printed name of signee

Filing Fee: \$25.00

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Amendment filed on behalf of
Optum Pharmacy 705, LLC, as received and filed in the Office of the Secretary of
State on 09/16/2019.



20190917000013754

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

09/17/2019

Date

A handwritten signature in dark ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State

STATE OF ALABAMA**DOMESTIC LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

County Division Code: AL040
 Inst. # 2019094034 Pages: 1 of 3
 I certify this instrument filed on
 9/9/2019 11:47 AM Doc: PAMEND
 Alan L. King, Judge of Probate
 Jefferson County, AL. Rec: \$38.00

Clerk: SANDERSL

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. ~~Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing (based on date of receipt and volume) or \$150.00 for expedited processing (within 24 hours after receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).~~ Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing (based on date of receipt and volume) or \$150.00 for expedited processing (within 24 hours after receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the Limited Liability Company from the Certificate of Formation:

BriovaRx, LLC

2. The date the Certificate of Formation was filed in the county: 04 / 01 / 2003 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 689 - 280 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov, click Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity -- this verification step is strongly recommended.

(For SOS Use Only)

This form was prepared by: (type name and full address)

Christine Feldman
 9900 Bren Road East
 Minnetonka, MN 55343

RECEIVED DATE

SEP 16 2019

SECRETARY OF STATE
 OF ALABAMA

DLLC Amendment - 01/2019

Alabama
 Sec. Of State

Entity Change	
689-280	DLL
Date	9/16/2019
Time	10:20
190916	4 Pg
File	\$50.00
Ackn	\$1.00
Exp	\$1.00
Total	\$50.00
03/011	

DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT

4. The titles, dates, and places of filing of any previous Amendments: _____

Attach a listing if necessary.

[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as a Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.)

5. The following amendment was adopted on August 9, 2019 (format MM/DD/YYYY):

Article 1 of the Articles of Organization shall be amended to read:

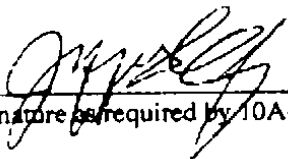
The name of the limited liability company shall be Optum Pharmacy 705, LLC

The filing shall be effective September 9, 2019.

☐ Additional Amendments and the dates on which they were adopted are attached.

6. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama of 1975* and the governing documents of this entity.

08/26/2019
Date (MM/DD/YYYY)


Signature as required by 10A-5-2.04

Jeffrey D. Grooklags
Typed Name of Above Signature

Manager
Typed Title/Capacity to Sign under 10A-5-2.04

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Optum Pharmacy 705, LLC

This name reservation is for the exclusive use of Christine Feldman, 9900 Bren Road East, Minnetonka, MN 55343 for a period of one year beginning September 05, 2019 and expiring September 05, 2020

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



RES853698

September 05, 2019

Date

J. H. Merrill

John H. Merrill

Secretary of State

San Juan County

I, the undersigned, as Judge of Probate in and for said County, New Mexico, hereby certify that the foregoing is a true and correct copy of the instrument set forth as same appears of record in said County.

Given under my hand and official seal this the

day of

Aug 2019

Alan J. King
Judge of Probate