8/25/22, 1,45 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

27

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Account Name : C T CORPORATION SYSTEM

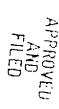
Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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 WELLMED TAMPA/ORLANDO MEDICARE ACO, LLC

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



Electronic Filing Menu

Corporate Filing Menu

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mg 26 2022

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

From: James Tanks III

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:	19500 HI-10 West, MS 1-5132
(Principal office address	Attn: President
MUST BE A STREET ADDRESS)	San Autonio, Texas 78257
Enter new mailing address, if applicable: (Mailing address	
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	ability company is: M19000008322
3. Jurisdiction of its organization: TX	
4. Date authorized to do business in Florida: $\frac{08/2}{1}$	7/2019
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: \(\frac{W}{mus}\)	FellMed Foundation Medicare ACO, LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.
conv of the written consent of the managers or ma	d for the purpose of transacting business in Florida and attach naging members adopting the alternate name. The alternate r C." or "LLC.")
must contain "Limited Liability Company," "L.L.	== /h (
	* 1 · 5 · 5
6. If amending the registered agent and/or register	ed officer address on our records, enter the name of the new oddress here:
6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent:	red officer address on our records. enter the name of the new oddress here:
6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent:	red officer address on our records. enter the name of the fiew oddress here:

If Changing Registered Agent, Signature of New Registered Agent

To

Page: 5 of 6 •

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
			□Add				
			□Remov				
		4	□Add				
			[]Remov				
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			——————————————————————————————————————				
			∐Add				
			□Remo				
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aforementioned amo	he law of which this entity is or	by the official having custody of records in ganized.	Remo				

Filing Fee: \$25.00

To: Page. é of 6 2022-08-25 11:50:29 CST 16144554862 From: James Tanks III

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



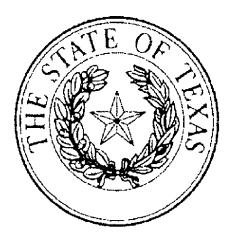
John B. Scott Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on April 14, 2022. WellMed Tampa/Orlando Medicare ACO, LLC, a Domestic Limited Liability Company (LLC) (file number 803349676), changed its name to WellMed Foundation Medicare ACO, LLC.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 24, 2022.



Phone: (512) 463-5555

Prepared by: \$0\$-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 1172297910006 TID: 10254