

M20 0000007849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

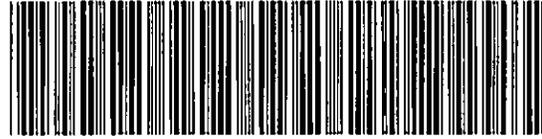
Special Instructions to Filing Officer:

Q. SILAS

1/12/21

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FILED  
2021 NOV 12 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE



Rec.  
11/12/21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2021

VIRGINIA MOCKLER  
6050 OAK TREE BLVD  
STE 500  
CLEVELAND, OH 44131

SUBJECT: SCHRAMM HEALTH PARTNERS, L.L.C.  
Ref. Number: M20000007849

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 821A00026846

Rec.  
11/12/21

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schramm Health Partners, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virginia Mockler  
Name of Person

CBIZ, INC.  
Firm/Company

6050 Oak Tree Blvd, Ste 500  
Address

Cleveland, OH 44131  
City/State and Zip Code

vmockler@cbiz.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia Mockler at ( 216 ) 447-9000 x 7360  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

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

FILED

2021 NOV 12 PM 3:23

SECTION I (1-4 must be completed)

SECRETARY OF STATE

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Schramm Health Partners, L.L.C.

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: M20000007849

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 9/10/2020

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

5. New name of the limited liability company: CBIZ Optumas, 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 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

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:

\_\_\_\_\_

<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
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_____	_____	_____	<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.

Virginia Mockler  
Signature of the authorized representative

Virginia Mockler

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

The Executive Director of the Arizona Corporation Commission does hereby certify that the attached copy of the following document:

**ARTICLES OF AMENDMENT, 09/27/2021**

consisting of 2 pages, is a true and complete copy of the original of said document on file with this office for:

**CBIZ OPTUMAS, LLC**  
**ACC file number: L13116187**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this 8 Day of November, 2021 A.D.



*Matthew Neubert*

Matthew Neubert, Executive Director

BY: *[Signature]*

DEASHA JACKSON

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**CBIZ Optumas, LLC**

ACC file number: L13116187

was incorporated under the laws of the State of Arizona on 09/13/2006, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 11/03/2021



A handwritten signature in black ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## LIMITED LIABILITY COMPANY

### ENTITY INFORMATION

ENTITY NAME: CBIZ OPTUMAS, LLC  
ENTITY ID: L13116187  
ENTITY TYPE: Domestic LLC  
PERIOD OF DURATION: Perpetual  
PROFESSIONAL SERVICES:  
CHARACTER OF BUSINESS: Any legal purpose  
MANAGEMENT STRUCTURE: Manager-Managed

FORMER ENTITY NAME SCHRAMM HEALTH PARTNERS, L.L.C.

### STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Corporate Creations Network Inc  
PHYSICAL ADDRESS: 3260 N Hayden Rd #210, SCOTTSDALE, AZ 85251  
MAILING ADDRESS: 3260 N Hayden Rd #210, SCOTTSDALE, AZ 85251

### KNOWN PLACE OF BUSINESS

Att: Virginia Mockler, 6050 Oak Tree Blvd , Suite 500, CLEVELAND, OH 44131

### PRINCIPALS

Manager: ELIZABETH NEWMAN - 6050 OAK TREE BLVD., SUITE 500, CLEVELAND, OH, 44131, USA - - Date of Taking Office: 07/01/2021

Member: CBIZ OPERATIONS, INC. - 6050 OAK TREE BLVD., SUITE 500, CLEVELAND, OH, 44131, USA - - Date of Taking Office: 07/01/2021

### SIGNATURE

Manager: Elizabeth Newman - 09/27/2021