10/3/24, 3:58 PM

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.

(((H240003352513)))



H240003352513ABCZ

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 : (614)573-3996

Enter the email address for this business entity to be used for further than the state of the s annual report mailings. Enter only one email address please.:

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGELLAN MEDICAID ADMINISTRATION, LLC

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

Electronic Filing Menu Corporate Filing Menu

From: Kaity Toon

Docusign Envelope ID: 2F623697-BD01-4483-80C8-668379E4ECAC

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)

Name of limited liability Company as it appears of State: MAGELLAN MEDICAID ADMINISTRAT		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liabi	ility company is: M22000018288	
3. Jurisdiction of its organization; Virginia		n
4. Date authorized to do business in Florida: 12/08/2	2022	
SECTION II (5-9 complete only the applicable ch	ianges)	ប
5. New name of the limited liability company: Prim	ne Therapeutics State Government Solutions LLC game contain "Limited Liability Company," "L.L.C, of "LLC")	フ
change effective date of October 1, 2024	1E 56	
(If name unavailable, enter alternate name adopted for	or the purpose of transacting business in Florida and attach a uging members adopting the alternate name. The alternate name	.cc.da
6. It amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, enter the name of the new dress here:	
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida Street Address	
	51. (1)	
	City , Florida Zip Code	
the provisions of all statutes relative to the proper an and accept the obligations of my position as registers	and agree to act in this capacity. I firther agree to comply with nd complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Cr., if this i the registered office address, I hereby confirm that the limited	

From: Kaity Toon

Title/ Capacity	Name	Address	Time of Anti-
			Type of Action
			□Add
			DRem
			LIRem
			□Add
			□Rem
			ÜAdd
			□Rem
			□Add
9. Attached is a certific	rate, if required: no more than 9	00 days old, evidencing the	□Rem
aforementioned ame	endment(s), duly authenticated be law of which this entity is org	by the official having custody of records in the anized.	:
	Mark Kunge	of the authorized representative	
	MARK RENZE, CFO	of the authorized representative	

Filing Fee: 825.00

Commonwealth & Hirginia



State Corporation Commission

From: Kaity Toon

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

The name of Magellan Medicaid Administration, LLC was changed to Prime Therapeutics State Government Solutions LLC pursuant to a certificate of amendment issued by the Commission effective as of October 1, 2024.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 2, 2024

Bernard J. Logan, Clerk of the Commission