

M99000001485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

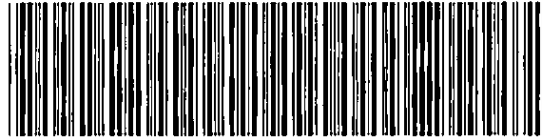
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

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**WALK IN**

**PICK UP:** 01/20/2021

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** **FOREIGN AMENDMENT** \_\_\_\_\_

1. LOGISTICARE SOLUTIONS, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOGISTICARE SOLUTIONS, LLC  
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

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**

**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: LOGISTICARE SOLUTIONS, 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: M99000001485

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 09/22/1999

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

5. New name of the limited liability company: MODIVCARE SOLUTIONS, 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:

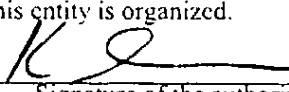
\_\_\_\_\_

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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

  
\_\_\_\_\_  
Signature of the authorized representative

Kathryn Stalmack

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

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "LOGISTICARE SOLUTIONS, LLC", CHANGING ITS NAME FROM "LOGISTICARE SOLUTIONS, LLC" TO "MODIVCARE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JANUARY, A.D. 2021, AT 5:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SIXTH DAY OF JANUARY, A.D. 2021 AT 12:01 O'CLOCK A.M.



3090594 8100  
SR# 20210027958

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202220508  
Date: 01-05-21

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:32 PM 01/05/2021  
FILED 05:32 PM 01/05/2021  
SR 20210027958 - File Number 3090594

**CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF FORMATION  
OF  
LOGISTICARE SOLUTIONS, LLC**

The undersigned, being duly authorized to execute and file this Certificate of Amendment of Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST. The name of the limited liability company is LOGISTICARE SOLUTIONS, LLC (the "Company").

SECOND. The Certificate of Formation of the Company was filed with the office of the Secretary of State of the State of Delaware on August 30, 1999.

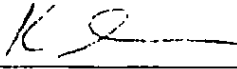
THIRD. The First Article of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:

"1. The name of the Company is: ModivCare Solutions, LLC"

FOURTH. This Amendment shall become effective on January 6<sup>th</sup>, 2021, 12:01 a.m., Eastern Standard Time.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Amendment of Certificate of Formation as of the 15<sup>th</sup> day of December, 2020.

LOGISTICARE SOLUTIONS, LLC

By: 

Name: Kathryn Stalmack  
Title: Secretary