# N07000002260

•		
(Re	equestor's Name)	)
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(Cil	ly/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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MC 10-13.09 Dc



### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AIDS Healthco	are Foundation MCO o	f Florida, Inc.
DOCUMENT NUM	BER: N07000002260		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		a Boudreau	
	(Name of	Contact Person)	
	AIDS Healt	thcare Foundation	
,	(Firm	n/ Company)	
	6255 W. Sun	set Blvd. 21st Floor	
· · · · · ·	(,	Address)	
	Los Ange	eles, CA 90028	
	(City/ Sta	te and Zip Code)	······································
	laura.boudre E-mail address: (to be use	au@aidshealth.org d for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Laura Boudreau		at ( 323 ) 860-520 (Area Code & Dayti	02
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
	ing Address	Street Address	in entersoons
Amendment Section Division of Corporations		<ul> <li>Amendment Section</li> <li>Division of Corporati</li> </ul>	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### AIDS Healthcare Foundation MCO of Florida, Inc.

	tly filed with the Florida Dept. of	
N070	00002260	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Income		r Profit Corporation adopts
A. If amending name, enter the new name of t	he corporation:	
AHF MC	O of Florida, Inc.	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	OS OCT 12 AM 9: 44 SEGRETARY OF STATE ALTEANASSEE, FIORIS
D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>		enter the name of the
Name of New Registered Agent:		_ <del></del>
New Registered Office Address:	(Florida street address)	
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing  I hereby accent the appointment as registered a		ecent the obligations of the

Signature of New Registered Agent, if changing

position.

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> Address Type of Action <u>Name</u> ☐ Add ☐ Remove Remove \_\_ 🗆 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article I is being amended to change the name of the entity from AIDS Healthcare Foundation MCO of Florida, Inc. to AHF MCO of Florida, Inc.

Tite date of each amendment(s) adoption: August 28, 2009		
•	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated_October	7, 2009	
Signature	hel	
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)	
	Michael Weinstein	
_	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	

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