P02000113302

(Requestor's Name)			
(Ad	ldress)		
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Optum Infusion Se	ervices 201, Inc.				
DOCUMENT NUME	BER: PO2000113302					
	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	Sandy Morgan					
	Name of Contact Person					
	UnitedHealth Group, Inc.					
	Firm/ Company					
	Address					
	City/ State and Zip Code					
	sandy_morgan@uhg.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
Sandy Morgan		at (952	936-5730 de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303				

Articles of Amendment to Articles of Incorporation of



Optum Infusion Services 201, Inc.

(Name of Corporation as current)	v filed with the Florida Dept. of State)
PO2000113302	·
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15529 College Blvd.
	Lenexa, KS 66219
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	reei address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the position.
Signature of New R	Registered Agent, if changing
	nemi in term A rimer e
Check if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	2	
X Remove	V	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
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	the state of the s
an amendment provides for an exclusive the ame	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	entinent if not contained in the amendment asers.
()	

		nt(s) adoption:	, if other than the
date this document v	was sign	ed.	
Effective date <u>if ap</u>	plicable	(no more than 90 days after	
		(no more than 90 days after	amendment file date)
Note: If the date in document's effective	nserted in e date or	this block does not meet the applicable statute the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amen	dment(s	(<u>CHECK ONE</u>)	
The amendment(action was not re		ere adopted by the incorporators, or board of dir	ectors without shareholder action and shareholder
		ere adopted by the shareholders. The number of were sufficient for approval.	votes cast for the amendment(s)
		ere approved by the shareholders through voting ded for each voting group entitled to vote separa	
"The numb	er of vo	es cast for the amendment(s) was/were sufficien	t for approval
by		(voting group)	
		(voting group)	
D	ated	09/19/2023	
Si	ignature	Timothy J Langdon	
(By a direct selected, by		By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
		Timothy J. Langdon	
		(Typed or printed name of per	rson signing)
		Assistant Secretary	

(Title of person signing)