## P07000056397

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SECRETARY OF STATE
ALL ARASSES

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Molina Healt	hcare of Florida, Inc.	
DOCUMENT NUMBER: P07000056397		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Jana Hollstien		
(Name of C	Contact Person)	
Molina Healthcare, Inc. Le	gal Affairs Department	
(Firm/	Company)	
2277 Fair Oaks Blvd., Suite	440	
(A	ddress)	
Sacramento, CA 95825		
(City/ State	e and Zip Code)	<del></del>
For further information concerning this matter, ple	ease call:	
Jana Hollstien	at ( 916 ) 648-2469	
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee & Certificate of Status	☐\$43.75 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 Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

## Articles of Amendment to Articles of Incorporation of

Molina Healthcare of F	lorida.	Inc.
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(Name of corporation as currently filed with the Florida Dept. of State)

P07000056397	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> adopts the following amendment(s) to its Articles of Incorporation:	ion
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co. (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "F	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Numb	er(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	GG
Article II	<u>c</u>
The principal place of business address is.	20
XXIIII NIM XXPA STPAAT SIIITA 71111	2 C
Doral, Florida 33122	<u> </u>
The mailing address of the corporation is:	
8300 NW 33rd Street, Suite 400	
Doral, Florida 33122	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provider implementing the amendment if not contained in the amendment itself: (if not applicable, indicated in the amendment itself: (if not applicable, itself: (	
N/A	

(continued)

The date of each amendment(s	adoption: October 1, 2008
Effective date if applicable:	October 1, 2008
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	as/were approved by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval.
• • • • • • • • • • • • • • • • • • • •	as/were approved by the shareholders through voting groups. The nust be separately provided for each voting group entitled to vote endment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
The amendment(s) was and shareholder action	as/were adopted by the board of directors without shareholder action n was not required.
The amendment(s) was	as/were adopted by the incorporators without shareholder action and as not required.
(By a directed	ector, president or other officer - if directors or officers have not been, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Tom Standring
<del></del>	(Typed or printed name of person signing)
	Assistant Corporate Secretary
	(Title of person signing)

FILING FEE: \$35