

**HUMANA** Care



485 New Park Avenue  
West Hartford, CT 06110  
Phone: 860.899.1077 Fax: 860.838.3963

January 08, 2015

***VIA FEDERAL EXPRESS***

Office of Health Care Access  
Department of Public Health  
410 Capital Avenue  
MS # 13HCA  
Hartford, CT 06134

Attn: Kimberly Martone, Director of Operations

RE: Notification regarding the Change in Name of Humana Care, LLC

Dear Ms. Martone,

We are writing to inform you that as of January 7, 2015, Humana Care, LLC formally change its name to **Caremed Health Services, LLC** as required by 33-182bb(b) of the Connecticut General Statutes. The Articles of Organizations were amended and filed with State to reflect the new name.

Please let me know if you have any questions or need further information.

Very truly yours,

Rohny Wm. Massih



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06103

PHONE: 860-509-6003

WEBSITE: [www.concord-sols.ct.gov](http://www.concord-sols.ct.gov)

SECRETARY OF THE STATE

JAN 07 2015

RECEIVED

## ARTICLES OF AMENDMENT Limited Liability Company-DOMESTIC

C.G.S. §§34-109; 34-122

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):  NAME: Humana Care LLC ADDRESS: 485 New Park Avenue  CITY: West Hartford STATE: CT ZIP: 06110		<b>FILING FEE: \$120</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED:</b> (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.) Humana Care LLC		
<b>2. THE LIMITED LIABILITY COMPANY'S ARTICLE OF ORGANIZATION ARE (CHECK A, B, C OR D) - REQUIRED:</b> <input checked="" type="checkbox"/> <b>A. AMENDED, NAME ONLY:</b> Caremed Health Services LLC (SPECIFY NEW NAME. MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., LLC, ETC.) <input type="checkbox"/> <b>B. AMENDED:</b> ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION. <input type="checkbox"/> <b>C. AMENDED AND RESTATED:</b> PROVIDE THE TEXT OF EACH AMENDMENT FOLLOWED BY A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S ARTICLES OF ORGANIZATION. <input type="checkbox"/> <b>D. RESTATED:</b> INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE ARTICLES OF ORGANIZATION INTO ONE DOCUMENT.		
<b>3. FULL TEXT OF EACH AMENDMENT / RESTATEMENT - REQUIRED:</b> (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK.)		
<b>4. EXECUTION - REQUIRED:</b> (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATED THIS <u>7</u> DAY OF <u>January</u> , 20 <u>15</u>		
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Rohny Massih	Manager	