



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is UCHealth Plan Administrators, LLC

If the company's name is changing, state the new name: UCHealth Plan Administrators, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

Simplified Benefits Administrators, LLC

**ARTICLE II**

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state:  Perpetual

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 10375 PARK MEADOWS DRIVE  
SUITE 200

City or Town: LONE TREE State: CO Zip: 80124 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 5381 GREEN STREET

City or Town: MURRAY State: UT Zip: 84123 Country: USA

If the management of the limited liability company is changing, modify the following section:

Members or  Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	KATHLEEN MAJOR	10375 PARK MEADOWS DRIVE SUITE 200 LONE TREE , CO 80124 USA

MANAGER	JON R GRIFFITH	5381 GREEN STREET MURRAY, UT 84123 USA
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The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 2 Day of January, 2024 at 1:20:26 PM by the Authorized Person.**

KATHLEEN MAJOR

UCHealth Plan Administrators, LLC

Form No. 451  
Revised 09/07

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