

CONTRACT AMENDMENT

| 1. AMENDMENT #: | 2. CONTRACT #: | 3. EFFECTIVE DATE OF AMENDMENT: | 4. PROGRAM: | |
|---|---|--|--|--|
| 12 | YH19-0001-07 | JULY 1, 2021 | ACC | |
| 5. CONTRACTOR NAM | Ma 5055 E. | agellan Complete Care Washington St., Suite 210 Phoenix, AZ 85034. | | |
| 6. PURPOSE: To am | end the Contractor's name | e effective July 1, 2021. | | |
| 7. THE ABOVE REFER | ENCED CONTRACT IS HEREBY | AMENDED AS FOLLOWS: | | |
| > Contractor | Name Change | | | |
| From: Mage | llan Complete Care | | | |
| To: Molina | Healthcare of Arizona, Inc. | | | |
| Arizona, Inc signatory to Corporation | . to reflect that the corp the original Contract, filed | gellan Complete Care, are replaced with orate entity formerly known as Magellar I an amendment to its Articles of Incorpora D21, such that the corporate entity is now le | n Complete Care, the tion with the Arizona | |
| The Medicai | d Branding Name will be N | Iolina Complete Care. | | |
| | of change in ownership ac cccs.gov/Resources/Overs | tivities are available here: ightOfHealthPlans/Magellan-Molina.html | | |
| All other ter | ms and conditions remain | unchanged. The Contract Number remains | s unchanged. | |
| HERETOFORE CH | IANGED AND/OR AMENDE | TERMS AND CONDITIONS OF THE ORIG D REMAIN UNCHANGED AND IN FULL EFFE O SIGN THEIR NAMES IN AGREEMENT. | | |
| | RIZED REPRESENTATIVE AND | | NG OFFICER AND DATE: | |
| Minnie Andrade Minnie Andrade (Jul 7, 2021 13:08 F | DT) | Meggan LaPorte (Jul 6, 2021 17:46 PDT) | | |
| TITLE OF AUTHORIZED REPRESENTATIVE: | | | TITLE OF AHCCCS CONTRACTING OFFICER: | |
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