

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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1392311.06  
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Secretary of State  
Received and Filed  
1/9/2025 2:12:25 PM  
Fee receipt: \$40

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**Amended Certificate of Authority**

**FCA**

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below, and for that purpose, submits the following statements:

1. The business entity is a **limited liability company (KRS 275)**.
2. The name of the business entity is:  
**Health Providers of America LLC**
3. The entity is organized and existing in the state or country of **Georgia**
4. The entity received authority to transact business in Kentucky on **9/2/2024**.
5. This filing will be effective on **Thursday, January 9, 2025**.
6. The entity has changed its  
Form of organization to a **limited liability company**  
Management type to **Member managed**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Manager: Rita Karen Driver**