

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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 **profit corporation (KRS 271B)**.
2. The name of the business entity is:

COMPREHENSIVE HEALTH MANAGEMENT, INC.

3. It is an entity organized and existing under the laws of the **state of Florida**.
4. The entity received authority to transact business in Kentucky on **7/12/2011**.
5. The entity has changed its

Form of organization to **limited liability company**

Domicile name to **Comprehensive Health Management, LLC**

Management type to **Manager managed**

As the authorized representative, I, **Tricia Dinkelman**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Title: **Manager**

1/12/2023