COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

**Division of Business Filings**
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

## Amended Certificate of Authority
### (Foreign Business Entity)

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 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:

|   |   |
|---|---|
| ☐ profit corporation | ☐ nonprofit corporation. |
| ☐ professional service corporation | ☐ business trust |
| ☒ limited liability company | ☐ limited partnership |
| ☐ professional limited liability company | ☐ statutory trust |
| ☐ limited cooperative association | ☐ non-profit LLC |
| ☐ other | |

2. The name of the company is: MRI Analytics Serivces LLC
   **(The name must be identical to the name on record with the Secretary of State.)**

3. It is an entity organized and existing under the laws of the state or country of Delaware

4. The entity received authority to transact business in Kentucky on May 30, 2023

5. The entity has changed its **(check all that apply)**

   Domicile name to _____

   Name to be used in Kentucky to _____

   Jurisdiction of organization to _____

   Period of duration _____

   Form of organization _____

   ☒ Management type:      ☐ Member managed      ☒ Manager managed

6. This application will be effective upon filing.

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

| /s/ Sean O'Leary | Sean O'Leary | Manager | 02/12/2025 |
|---|---|---|---|
| **Signature of Authorized Representative** | **Printed Name** | **Title** | **Date** |