



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/26/2025 2:28 PM
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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:
- | | | |
|-------------------------------------|--|------------------------|
| <input type="checkbox"/> | profit corporation | nonprofit corporation. |
| <input type="checkbox"/> | professional service corporation | business trust |
| <input checked="" type="checkbox"/> | limited liability company | limited partnership |
| <input type="checkbox"/> | professional limited liability company | statutory trust |
| <input type="checkbox"/> | limited cooperative association | non-profit LLC |
| <input type="checkbox"/> | other | |

2. The name of the company is: MRI Analytics 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.

<u>/s/ Sean O'Leary</u>	<u>Sean O'Leary</u>	<u>Manager</u>	<u>02/12/2025</u>
Signature of Authorized Representative	Printed Name	Title	Date