



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**0572453.06**kdcoleman  
AMD

Michael G. Adams  
 Kentucky Secretary of State  
 Received and Filed:  
 10/27/2022 4:10 PM  
 Fee Receipt: \$40.00

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 checked="" type="checkbox"/> | profit corporation                     | <input type="checkbox"/> | nonprofit corporation |
| <input type="checkbox"/>            | professional service corporation       | <input type="checkbox"/> | business trust        |
| <input type="checkbox"/>            | limited liability company              | <input type="checkbox"/> | limited partnership   |
| <input type="checkbox"/>            | professional limited liability company | <input type="checkbox"/> | statutory trust       |
| <input type="checkbox"/>            | limited cooperative association        | <input type="checkbox"/> | non-profit LLC        |
| <input type="checkbox"/>            | other                                  |                          |                       |

2. The name of the company is: Streamline Health, Inc.  
 (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 Ohio

4. The entity received authority to transact business in Kentucky on 11/19/2003

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

- ☒ Domicile name to Streamline Health, LLC
- ☐ Name to be used in Kentucky to \_\_\_\_\_
- ☒ Jurisdiction of organization to Delaware
- ☐ Period of duration \_\_\_\_\_
- ☒ Form of organization Limited Liability Company
- ☐ Management type: ☒ Member managed ☐ Manager managed

6. This application will be effective upon filing.

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

Thomas Gibson Thomas J. Gibson CFO 9/16/2022  
 Signature of Authorized Representative Printed Name Title Date