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AMD

Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 9/26/2024 2:55 PM
 Fee Receipt: \$40.00



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:

- The business entity is:

<input type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input checked="" 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	
- The name of the company is: Conduent Care Solutions, LLC
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on August 28, 2018.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>StrataCare Solutions LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>StrataCare Solutions LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input type="checkbox"/> Form of organization _____
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- 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.

	Thomas Weir	Manager	09/26/24
Signature of Authorized Representative	Printed Name	Title	Date