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AMD

Michael G. Adams					
Kentucky Secretary of State					
Received and Filed:					
1/3/2024 2:44 PM					
Fee Receipt: \$40.00					

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

Division of Busin P.O. Box 718 Frankfort, KY 406 (502) 564-3490 www.sos.ky.gov	Amend	ded Certificate of Aut Business Entity)	nority	FCA		
	provisions of KRS Chapter alf of the entity named below			pplies for an amended certificate of statements:		
1. The business	professiona limited liabi	ration Il service corporation lity company Il limited liability company perative association	bu lin	onprofit corporation. Isiness trust hited partnership atutory trust on-profit LLC		
2. The name of the company is: <u>Tempus Labs Incorporated</u> (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 <u>DELAWARE</u>						
	eived authority to transact bu					
5. The entity has	changed its (check all that ap	ply)				
$(\mathbf{X})$	Domicile name to Tempus Al	l, Inc.				
	Name to be used in Kentuck	y to				
	Jurisdiction of organization t	0				
	Period of duration					
	Form of organization					
	Management type:	) Member managed	Manager r	nanaged		
6. This application	on will be effective upon filing	<b>]</b> .				
	usigned by: ry under the I N Bartolucci	aws of the state of Kentuck Ryan Bartolucci	y that the foregoir CAO	ng is true and correct. 26-Dec-2023		

Signature of Authorized Representative Printed Name Title Date