



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 12/7/2022 8:06 AM
 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 and 271B, 273, 274, 275, 362 or 386 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 checked="" type="checkbox"/> profit corporation (KRS 271B)	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275)	<input type="checkbox"/> statutory trust (KRS 386)
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC (KRS 275).
<input type="checkbox"/> cooperative association	
- The name of the company is: Magellan Pharmacy Solutions, Inc.
 (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 11/15/2012.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>Magellan Pharmacy Solutions, LLC</u>
<input type="checkbox"/> Name to be used in Kentucky to _____
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>
<input checked="" type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates: County: <u>Fayette</u>																	
<i>To complete the following, please shade the box completely.</i>																	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input checked="" type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned																
Please indicate which of the following best describes your business: <table border="0"> <tr> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Services</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance, Insurance, Real Estate</td> </tr> <tr> <td><input type="checkbox"/> Public Administration</td> <td colspan="3"><input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other</td> <td colspan="3"></td> </tr> </table>		<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate	<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services			<input checked="" type="checkbox"/> Other			
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<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services																
<input checked="" type="checkbox"/> Other																	

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

DocuSigned by: Signature of Authorized Representative	Mike Kolar Printed Name	Secretary Title	12/02/22 Date
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