



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1116398.09

kdc Coleman  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
2/13/2023 3:06 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: Allscripts Healthcare Solutions, 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 Delaware.


4. The entity received authority to transact business in Kentucky on 10/12/2020.

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

- ☒ Domicile name to Veradigm Inc.
- ☐ 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.

	Eric Jacobson	Secretary	2 / 10 / 2023
Signature of Authorized Representative	Printed Name	Title	Date

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ALLSCRIPTS HEALTHCARE  
SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "VERADIGM INC." ON THE TWENTIETH DAY OF DECEMBER, A.D.  
2022, AT 6:43 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF  
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF  
JANUARY, A.D. 2023.



3258000 8320  
SR# 20230470963

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202690628  
Date: 02-10-23