

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Amended Certificate of Authority**

**FCA**

Pursuant to the provisions of KRS chapters 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:

1. The business entity is a **limited liability company (KRS 275)**.

2. The name of the business entity is:

**JACKSON NURSE PROFESSIONALS, LLC**

3. The entity is organized and existing in the state or country of **Georgia**

4. The entity received authority to transact business in Kentucky on **9/28/2006**.

5. This filing will be effective on **Wednesday, November 27, 2024**.

6. The entity has changed its

Form of organization to a **limited liability company**

Domicile name to **JACKSON NURSE PROFESSIONALS, LIMITED LIABILITY COMPANY**

Management type to **Manager managed**

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

Signature of individual signing on behalf of **VP risk and Credentialing: Denise Carlson**