

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARTICLES OF AMENDMENT TO FOREIGN REGISTRATION STATEMENT

Read the Instructions L017i

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:  
Inspired Healthcare Capital LLC

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND  
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

2. ☒ **LLC NAME CHANGE – NAME IN STATE OR COUNTRY OF FORMATION** (Foreign Name)  
– type or print the exact NEW name:  
Inspired Healthcare Capital Holdings, LLC
3. ☒ **LLC NAME CHANGE – NAME USED IN ARIZONA** (Entity Name) – type or print the exact  
NEW name. NOTE: If you are a Foreign Series LLC, the new name must have "series" in it:  
Inspired Healthcare Capital Holdings, LLC
4. ☐ **ENTITY TYPE CHANGE** – check one and follow instructions:  
NOTE: you may not change to or from a Foreign Series LLC.  
☐ Changing to a PROFESSIONAL LLC – number 6 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).
5. ☐ **PROFESSIONAL SERVICES CHANGE** – list the NEW type of professional services  
the professional LLC will render:  
\_\_\_\_\_
6. ☐ **FOREIGN DOMICILE CHANGE** – list the NEW domicile state or country:  
\_\_\_\_\_

7. ☐ **PURPOSE / CHARACTER OF BUSINESS CHANGE** – state the NEW purpose or character of business:
- 
8. ☐ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – see Instructions L017i – if a change is being made with respect to one or more members, complete and attach the Amendment Attachment for Members form L044. *The filing will be rejected if it is submitted without the attachment.*
9. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS)** – see Instructions L017i – if a change is being made with respect to one or more managers, complete and attach the Amendment Attachment for Managers form L043. *The filing will be rejected if it is submitted without the attachment.*
10. ☐ **MANAGEMENT STRUCTURE CHANGE** – see Instructions L017i – check only one box below and follow instructions (all persons will be listed on the appropriate attachment form):
- ☐ **CHANGING TO MANAGER-MANAGED LLC** – complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- ☐ **CHANGING TO MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

<b>11. <input type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – <u>see Instructions L017i</u>:</b>					
<b>11.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>11.2 REQUIRED</b> – Mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box): <input type="checkbox"/> Check box if same as street address.		
Statutory Agent Name					
Attention (optional)					
Address 1					
Address 2 (optional)					
City	State	Zip	City	State	Zip
<b>11.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment					

<b>12. <input type="checkbox"/> STATUTORY AGENT CHANGE – ADDRESS OF EXISTING STATUTORY AGENT –</b> complete 12.1 and 12.2:					
<b>12.1 NEW physical or street address</b> (not a P.O. Box) in Arizona of the existing statutory agent:			<b>12.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

**13. ☐ PRINCIPAL ADDRESS CHANGE – list the NEW address:**

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**14. ☐ JURISDICTION OF FORMATION INFORMATION:****14.1** List the NEW Foreign LLC street address in jurisdiction of formation:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**14.2** List the NEW statutory agent in the jurisdiction of formation and the statutory agent's NEW street and mailing addresses.

Statutory agent name: \_\_\_\_\_

Street address in jurisdiction of formation:

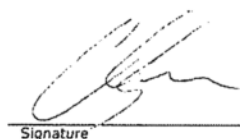
Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

Mailing address in jurisdiction of formation:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

15. ☒ **AMENDMENT IN FOREIGN JURISDICTION** - If this amendment to the Foreign Registration Statement was due to an amendment or restatement of the LLC's Articles in the foreign domicile, you must attach a certified copy of that foreign amendment, and it must be dated not more than 60 days prior to its delivery to the Arizona Corporation Commission.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.


☒ I ACCEPT

Chris Sorensen

06/30/2022

Signature

Printed Name

Date

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am an <b>individual</b> authorized to sign this document.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: \$25.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "INSPIRED HEALTHCARE  
CAPITAL LLC", CHANGING ITS NAME FROM "INSPIRED HEALTHCARE  
CAPITAL LLC" TO "INSPIRED HEALTHCARE CAPITAL HOLDINGS, LLC",  
FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JUNE, A.D.  
2022, AT 9:54 O'CLOCK A.M.



4470817 8100  
SR# 20222830638

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203771898  
Date: 06-27-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:54 AM 06/27/2022  
FILED 09:54 AM 06/27/2022  
SR 20222830638 - File Number 4470817

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
INSPIRED HEALTHCARE CAPITAL LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is  
Inspired Healthcare Capital Holdings, LLC

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on  
the 27th day of June, A.D. 2022.

By: \_\_\_\_\_  
Authorized Person(s)

Name: Chris Sorensen  
Print or Type