




**KANSAS SECRETARY OF STATE
Business Entity Certificate
of Amendment**

0367 01 053 015 \$35.00	FILED BY KS SOS 01-06-2023 4 04:00:15 PM FILE#: 2092295
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Memorial Hall, 1st Floor (785) 296-4564
 120 S.W. 10th Avenue kssos@sos.ks.gov
 Topeka, KS 66612-1594 https://sos.ks.gov

1. Business entity ID/file number: Not Federal Employer ID Number (FEIN).	2092295
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2. Name of business entity: Must match name on record with Secretary of State.	Collaborative Health, LLC
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3a. Indicate the type of document to be amended:

<input type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35)	<input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35)
<input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20)	<input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.)
<input checked="" type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35)	<input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit)
<input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35)	

3b. The document indicated above is amended as follows:
 (If additional space is needed please provide an attachment.)

Change of Name to: Aria Medical Clinic, LLC

4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:



AAA

5. **Effective date:**

<input checked="" type="checkbox"/> Upon filing with the Kansas Secretary of State	<input type="checkbox"/> Future effective date: (Cannot be later than 90 days after the date this certificate is filed.)	Month	Day	Year
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6. **Signature(s):** Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)*

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

Signed by:

Kelly Pfeifer

Name of Signer (Printed or Typed)

Kelly S. Pfeifer MD

***Kansas entities:** Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership, or a partner of a general partnership.

***Foreign covered entities:** Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:

(See below for required signature(s).)**

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

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

****Kansas limited partnerships:** Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.



Kansas State Board of Healing Arts
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Topeka, KS 66612



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KSBHA_healingarts@ks.gov

Susan Gile
Acting Executive Director

Laura Kelly, Governor

CERTIFICATE

I, Susan Gile, Acting Executive Director of the Kansas State Board of Healing Arts, do hereby certify that the following named persons are duly licensed to practice a profession set forth in the purpose of the professional limited liability company's articles of organization:

<u>NAME</u>	<u>TYPE</u>	<u>NUMBER</u>	<u>STATUS</u>
Kelly Sue Pfeifer	Medicine and Surgery	04-40037	Active

I hereby certify that said persons are duly licensed to practice the profession as indicated herein.

I further certify that the proposed name, **Aria Medical Clinic, LLC (Name change from Collaborative Health, LLC)**, is approved and not contrary to law or the ethics of the profession involved.

Dated at Topeka, Kansas this 4th of January, 2023.

Susan Gile

Susan Gile, Acting Executive Director
KANSAS BOARD OF HEALING ARTS

Certificate Number: 6766

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