

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM440920

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>SEQUENCE:</b>	2		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
DaVita Medical California, LLC		11/18/2016	Limited Liability Company: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	DaVita Medical Administrative Services, LLC		
<b>Street Address:</b>	2000 16th Street		
<b>City:</b>	Denver		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80202		
<b>Entity Type:</b>	Limited Liability Company: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2844139	HEALTH CARE PARTNERS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3038630223		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	3038639700		
<b>Email:</b>	mtrudell@sheridanross.com		
<b>Correspondent Name:</b>	Miriam D. Trudell		
<b>Address Line 1:</b>	1560 Broadway, Suite 1200		
<b>Address Line 2:</b>	Sheridan Ross P.C.		
<b>Address Line 4:</b>	Denver, COLORADO 80202		
<b>ATTORNEY DOCKET NUMBER:</b>	8077HCP-11		
<b>NAME OF SUBMITTER:</b>	Miriam D. Trudell		
<b>SIGNATURE:</b>	/miriam trudell/		
<b>DATE SIGNED:</b>	08/28/2017		
<b>Total Attachments: 2</b>			
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source=recording no 2 - davita medical california to davita medical admin#page2.tif			

CH \$40.00 2844139

LLC-2

**Amendment to Articles of Organization of a Limited Liability Company (LLC)**

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to [kepler.sos.ca.gov](http://kepler.sos.ca.gov).

**Important!** To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to [www.sos.ca.gov/business/be/statements.htm](http://www.sos.ca.gov/business/be/statements.htm).

Items 4-6: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

**FILED**  
 Secretary of State  
 State of California  
 NOV 18 2016  
 KM

1cc

This Space For Office Use Only

For questions about this form, go to [www.sos.ca.gov/business/be/filing-tips.htm](http://www.sos.ca.gov/business/be/filing-tips.htm).

① **LLC's Exact Name** (on file with CA Secretary of State)  
 DaVita Medical California, LLC

② **LLC File No.** (issued by CA Secretary of State)  
 200505510183

**Purpose**

- ③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

**New LLC Name** (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ **DaVita Medical Administrative Services, LLC**

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*Proposed LLC Name*                      The proposed new name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.

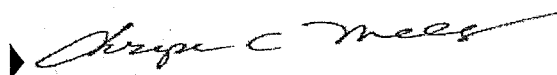
**Management** (Check only one.)

- ⑤ The LLC will be managed by:
- One Manager       More Than One Manager       All Limited Liability Company Member(s)

**Amendment to Text of the Articles of Organization** (List both the current text, and the text as amended by this filing.)

⑥

**Read and sign below:** Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to [www.sos.ca.gov/business/be/filing-tips.htm](http://www.sos.ca.gov/business/be/filing-tips.htm) for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

  
 \_\_\_\_\_  
 Sign here

Joseph C. Mello  
 \_\_\_\_\_  
 Print your name here

Manager  
 \_\_\_\_\_  
 Your business title

Make check/money order payable to: **Secretary of State**  
 Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

**By Mail**  
 Secretary of State  
 Business Entities, P.O. Box 944228  
 Sacramento, CA 94244-2280

**Drop-Off**  
 Secretary of State  
 1500 11th Street., 3rd Floor  
 Sacramento, CA 95814



I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

NOV 21 2016

LM

Date: \_\_\_\_\_

*Alex Kell*

ALEX KELL, Secretary of State

**TRADEMARK**