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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM447295

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
SEQUENCE:	3

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
DAVITA MEDICAL ADMINISTRATIVE SERVICES, LLC		12/06/2016	Limited Liability Company: CALIFORNIA

RECEIVING PARTY DATA

Name:	DAVITA MEDICAL SERVICES, LLC
Street Address:	2000 16th Street
City:	Denver
State/Country:	COLORADO
Postal Code:	80202
Entity Type:	Limited Liability Company: CALIFORNIA

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	2185155	ARTA
Registration Number:	2423605	ARTA

CORRESPONDENCE DATA

Fax Number: 3038630223

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.

Phone: 3038639700

Email: cbryce@sheridanross.com

Correspondent Name: Caroline E. Bryce

Address Line 1: 1560 Broadway, Suite 1200

Address Line 2: Sheridan Ross P.C.

Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER:	8077HCP-12
NAME OF SUBMITTER:	Caroline E. Bryce
SIGNATURE:	/Caroline E. Bryce/
DATE SIGNED:	10/16/2017

Total Attachments: 2

TRADEMARK REEL: 006181 FRAME: 0940

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TRADEMARK REEL: 006181 FRAME: 0941

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.

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.

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.

Secretary of State State of California DEC 07 2016



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This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filling-tips.htm.

1	LLC's Exact Name (on file with CA Secretary of State)	2	LLC File No. (issued by CA Secretary of State)
	DaVita Medical Administrative Services, LLC		200505510183

rui	pose				
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited company may be organized under the California Revised Uniform Limited Liability Company Act.					
Nev	v LLC Name (List the proposed Li	.C name exactly as it is to appear	on the records of the California Secretary of State.)		
4	DaVita Medical Services, LLC				
	Proposed LLC Name	Co., Ltd. Liability Co. or L	nust include: LLC, L.L.C., Limited Liability Company, Limited Liability Ltd. Liability Company; and may not include: bank, trust, trustee, on, or corp., insurer, or insurance company.		
Vlan	nagement (Check only one.)		No.		
(5)	The LLC will be managed by: One Manager	More Than One Manager	All Limited Liability Company Member(s)		
Ame ⑥	endment to Text of the Articl	∌s of Organization (List bot	h the current text, and the text as amended by this filing.)		
ne n	nanager, if the LLC is manager-man	aged <u>or</u> at least one member, if t	the Articles of Organization, this form must be signed by at least the LLC is member-managed. If the signing manager or member		

F ast ber is a trust or another entity, go to 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.

	Qual	These	
Ciar	horo		

Joseph C. Mello

Manager

Sign here

Print your name here

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

TRADE WWw.sos.ca.gov/business/be REEL: 006181 FRAME: 0942

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.

DEC 0 8 2016

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Date:

ALEX PADILLA, Secretary of State

TRADEMARK
REEL: 006181 FRAME: 0943

RECORDED: 10/16/2017