TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM513639

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

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Advanced Reimbursement Management, LLC		07/21/2017	Limited Liability Company:

RECEIVING PARTY DATA

Name:	nThrive Reimbursement Management, LLC
Street Address:	200 North Point Center East, Suite 600
City:	Alpharetta
State/Country:	GEORGIA
Postal Code:	30022
Entity Type:	Limited Liability Company: DELAWARE

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	4094879	ADREIMA

CORRESPONDENCE DATA

Fax Number:

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: 9728134224
Email: jennie.do@nThrive.com
Correspondent Name: Jennie Do
Address Line 1: 200 North Point Center East Suite 600
Address Line 4: Alpharetta, GEORGIA 30022

OP $40.00 4094879

NAME OF SUBMITTER:	Jennie Do
SIGNATURE:	/jennie do/
DATE SIGNED:	03/11/2019

Total Attachments: 2
source=2017.07.21 ADVANCED REIMBURSEMENT MANAGEMENT LLC - DE - Amendment (name change)#page1.tif
source=2017.07.21 ADVANCED REIMBURSEMENT MANAGEMENT LLC - DE - Amendment (name change)#page2.tif

Delaware

The First State

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 "ADVANCED REIMBURSEMENT MANAGEMENT, LLC", CHANGING ITS NAME FROM "ADVANCED REIMBURSEMENT MANAGEMENT, LLC" TO "NTHRIVE REIMBURSEMENT MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF JULY, A.D. 2017, AT 1:38 O`CLOCK P.M.

4588439 8100
SR# 20175356724

Authentication: 202928382
Date: 07-21-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:38 PM 07/21/2017
FILED 01:38 PM 07/21/2017
SR 20175356724 - File Number 4588439

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Advanced Reimbursement Management, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is nThrive Reimbursement Management, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 21st day of July, A.D. 2017.

By: _____
Authorized Person(s)

Name: Daniel J. Mulligan
Print or Type