

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM555903

| | | | |
|---|---------------------------------------|-----------------------|---------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| DAVITA MEDICAL MANAGEMENT, LLC | | 07/01/2019 | Limited Liability Company: CALIFORNIA |
| RECEIVING PARTY DATA | | | |
| Name: | OPTUMCARE MANAGEMENT, LLC | | |
| Street Address: | 2000 16TH Street | | |
| City: | Denver | | |
| State/Country: | COLORADO | | |
| Postal Code: | 90245 | | |
| Entity Type: | Limited Liability Company: CALIFORNIA | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 5909423 | MYGENERATION | |
| Registration Number: | 5909424 | MYGENERATION | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 4048927056 | | |
| <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> | | | |
| Phone: | 404-855-1500 | | |
| Email: | tmatlanta@seyfarth.com | | |
| Correspondent Name: | Seyfarth Shaw LLP | | |
| Address Line 1: | 1075 Peachtree Street NE, Suite 2500 | | |
| Address Line 4: | Atlanta, GEORGIA 30309 | | |
| ATTORNEY DOCKET NUMBER: | 023845-9081 | | |
| NAME OF SUBMITTER: | Amy A. Abeloff | | |
| SIGNATURE: | /Amy A. Abeloff/ | | |
| DATE SIGNED: | 01/03/2020 | | |
| Total Attachments: 1 | | | |
| source=2019-07-01 Articles of Amendment - DV4#page1.tif | | | |

CH \$65.00 5909423



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

LLC-2

FILED LIA
Secretary of State
State of California
JUL 01 2019

TSD

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at bizfile.sos.ca.gov.

1pc Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

DaVita Medical Management, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

200505510183

3. New LLC Name (If Amending) (See Instructions — List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

OptumCare Management, LLC

4. Management (If Amending) (Select only one box)

The LLC will be managed by:

One Manager

More than One Manager

All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

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.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I certify that the information is true and correct and that I am authorized by California law to sign.

Sign here

James A. Rechin

Print your name here