

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM828936

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
DaVita Medical Management, LLC		07/01/2019	Limited Liability Company: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	OPTUMCARE MANAGEMENT, 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: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2185155	ARTA	
<b>Registration Number:</b>	2423605	ARTA	
<b>Registration Number:</b>	2844139	HEALTH CARE PARTNERS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	4048851500		
<b>Email:</b>	tmatlanta@seyfarth.com		
<b>Correspondent Name:</b>	Joseph V. Myers III		
<b>Address Line 1:</b>	1075 Peachtree St. NE, #2500		
<b>Address Line 4:</b>	Atlanta, GEORGIA 30309		
<b>ATTORNEY DOCKET NUMBER:</b>	023845-009081		
<b>NAME OF SUBMITTER:</b>	Stephen D. Lott		
<b>SIGNATURE:</b>	/Stephen D. Lott/		
<b>DATE SIGNED:</b>	08/02/2023		
<b>Total Attachments: 1</b>			
source=2019-07-01 Articles of Organization - OCM - Amendment Name#page1.tif			

CH \$90.00 2185155



**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

1pc Above Space For Office Use Only

**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](http://bizfile.sos.ca.gov).

**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. Rechten

Print your name here