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State of Rhode island and Providence Plantations				
Department of State - Business Services Division		2019		
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		A RAN PR OH		
Amendment to Application for Registration		~ 평화		
FOREIGN Limited Liability Company		5		
→ Filing Fee: \$50.00				
Pursuant to the provisions of RIGL <u>7-16-52</u> the undersigned foreign limited liability company hereby		<i>(1,</i>)		
amends its Application for a Certificate of Registration to transact business in the state of				
Rhode Island, and for that purpose submits the following statement:				
1. Entity ID Number:	2. The name of the limited liability company is:			
001664207	Cognosante Consulting, LLC			
001004207	Cognosant Consuming, 220	i		
2. If the entity's name is changing				
3. If the entity's name is changing, state the new name:				
N'IT DATA State Health Consulting, LLC				
	Check the	box to indicate no change		
3a. The entity's name, if different,				
under which it proposed to register and				
transact business in Rhode Island is:				
4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution Check the box to indicate no change				
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:				
1 · · ·				
1209 Orange Street, Wilmington, DE 19801				
i	Check the	box to indicate no change		
6. If the mailing address is changing complete the following section:				
7050 Langua Daine Suite (MO Diane Tourn 25024				
7950 Legacy Drive, Suite 900, Plano, Texas 75024				
		box to indicate no change		
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be				
transacted in the State of Rhode Island.				
1				
		i		
Check the box to indicate an attack	nment Check the	box to indicate no change		
MAIL TO:				
		FILED		
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040		A D.D. Q. & 2010		

FORM 451 - Revised: 11/2017

Website: www.sos.ri.gov

8. If the management structure ha	s changed, complete the following section:			
The Limited Liability Company is t	o be managed by: CHECK ONLY ONE BOX			
Its member(s) (If you have ch	necked this box, skip to Section 9. DO NOT fill out	the chart on the next page.)		
	(If the limited liability company has manager(s) at aton, state the name and address of each manage			
MANAGER	ADDRESS			
-				
	С	heck the box to indicate no change		
9. As required by RIGL 7-16-67, the	e limited liability company has paid all fees and ta	xes.		
	original Application for Registration continues in fo			
confirmed, by a person with autho	rity, by reference into this Amendment to the Applic	cation for Registration.		
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
Under penalty of perjury, I declare	and affirm that I have examined this Amendment t hments, and that all statements contained herein a	o the Application for Registration,		
Type or Print Name of Limited Liability		Date		
		April 23, 2019		
NTT DATA State Health Consulting	, LLC	April <u>~~</u> , 2019		
Signature of Authorized Person				
	SIGNOLIMENT HERE Troy	Wagnon, Vice President, Tax		
har	Signosment there may			
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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 26, 2019 01:02 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

