State of Rhode Island Department of State	- Business Services Divisi	on	[]
Amendment to Application for Registration FOREIGN Limited Liability Company		RE R.I. DEP BUS	CEIVED T. OF STATE 11 SVCS DIV
→Filing Fee. \$50.00			10 P 1:02
Pursuant to the provisions of RIGL amends its Application for a Certifi Rhode Island, and for that purpose	cate of Registration to transact bus	mited liability company nereby	
1. Entity ID Number:	2. The name of the limited liabili	ly company is	
000790947	BioRx, LLC		
3. If the entity's name is changing state the new name: Optum Infusion Services 550, LLC			
	<u></u>	Check the box to	indicate no change
3a. The entity's name, if different, under which it proposed to registe transact business in Rhode Island	er and		
4. If the period of duration has ch	anged 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 🔀
 If the required address of the o the following section: 	ffice to be maintained in the state of	or country of its organization ha	s changed, complete
		Check the box to	indicate no change 🔀
6. If the mailing address is chang	ing complete the following section		
			indicate no change
7. If the entity's purpose is chang transacted in the State of Rhode Isla	ing complete the following section:	"The new purpose should include	ALL activity to be
Check the box to indicate an atta	chment	Check the box to	o indicate no changeX
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhoo Phone: (401) 222-3040 Website: www.sos.ri.gov	e Island 02904-2615	60:1 A BVQA	UG 10 2021 DSG1YZR

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8. If the management structure has changed, complete the following section.				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
		.		
	· · · · · · · · · · · · · · · · · · ·			
Check the box to indicate no change				
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application 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 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct				
Type or Print Name of Limited Liability Company		Date		
Optum Infusion Services 550, LLC		8/9/2021		
Signature of Authorized Person				
Michele Miller				

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

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:

August 10, 2021 01:02 PM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

