State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is NATIONAL MENTOR HEALTHCARE, LLC

If the company's name is changing, state the new name: NATIONAL MENTOR HEALTHCARE, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: X Perpetual __

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 6600 FRANCE AVENUE SOUTH
SUITE 350
City or Town: EDINA State: MN Zip: 55435 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 6600 FRANCE AVENUE SOUTH
SUITE 350
City or Town: EDINA State: MN Zip: 55435 Country: USA

If the management of the limited liabilty company is changing, modify the following section:

__ Members or X Managers (check one)

The name and address of each manager **(If LLC is managed by Members, DO NOT complete this section)**:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	PHILIP ROBERTS KAUFMAN	6600 FRANCE AVENUE SOUTH, SUITE 350 EDINA, MN 55435 USA
MANAGER	DAVID R. CALLEN	6600 FRANCE AVENUE SOUTH, SUITE 350 EDINA, MN 55435 USA
MANAGER	DANNA M. SZWED	6600 FRANCE AVENUE SOUTH, SUITE 350 EDINA, MN 55435 USA

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 29 Day of August, 2024 at 4:41:34 PM by the Authorized Person.

GINA L. MARTIN

NATIONAL MENTOR HEALTHCARE, LLC

Form No. 451
Revised 09/07

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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 29, 2024 04:39 PM

Gregg M. Amore
Secretary of State