



Base Filing fe	e: \$30.00 +	\$20.00 for manua	I processing	(form must be type	<u>∍d</u>).
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AMENDMEN Title 30, Chapter 21, Base Filing fee: \$30.06	Idaho Code		Date Filed: 10/6/2022 10:54:00 AM
Entity name: Care Value Inc	,		
The entity name is amended to:	are Value,	LLC	
a. If the new name is not available	e or permissibl	e in Idaho, the name to	o be used in Idaho is:
The entity type is amended to:			
 □ Business Corporation □ Nonprofit Corporation □ Limited Liability Partnership ■ Limited Liability Company □ Other: 	☐ Genera ☐ Limited		tion g a limited liability limited partnership st, or Common-law Business Trust
The entity's jurisdiction is amended		ovide unlisted foreign ealily t	ype here)
The street and mailing address(es 5263 Parkside DR Canal (Street Address)			
PO BOX 25207 Farming	ton NY 14	425	
(Mailing Address, if different) The name, capacity, and mailing a	nddress of the	governor(s) is amende	ed to:
(Name)	(Capacity)	(Address)	
(Name)	(Capacity)	(Address)	
yped Name: Brian D. Doyle			Secretary of State use only
ignature: BiMA Augle			
apacity: Manager			
, ,			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CARE VALUE, LLC

DOS ID Number: 6571749

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 08/25/2022 **Statement Status:** CURRENT

Statement Due Date: 08/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 08/25/2022

Entity Name: CARE VALUE 1, LLC

Document Type: CERTIFICATE OF MERGER

Date of Filing: 08/26/2022

Name Changed To: CARE VALUE, LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on October 06, 2022 at 11:24 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002304281 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov