

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT8028765

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
MHS CARE-INNOVATION, LLC	07/14/2022
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	METROHEALTH VENTURES LLC
<b>Street Address:</b>	2500 METROHEALTH DRIVE
<b>City:</b>	CLEVELAND
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	44109
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Patent Number:</b>	8844530
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(216)621-6536
<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>	2167367283
<b>Email:</b>	spb@kjk.com
<b>Correspondent Name:</b>	KOHRMAN JACKSON & KRANTZ
<b>Address Line 1:</b>	1375 E 9TH STREET, 29TH FLOOR
<b>Address Line 4:</b>	CLEVELAND, OHIO 44114
<b>ATTORNEY DOCKET NUMBER:</b>	17136.001
<b>NAME OF SUBMITTER:</b>	STEPHANIE BALLA
<b>SIGNATURE:</b>	/stephaniebballa/
<b>DATE SIGNED:</b>	06/27/2023
<b>Total Attachments: 3</b>	
source=MetroHealth Ventures_Name Change#page1.tif	
source=MetroHealth Ventures_Name Change#page2.tif	
source=MetroHealth Ventures_Name Change#page3.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/14/2022	202219400640	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CCH DEVELOPMENT CORPORATION  
2500 METROHEALTH DR.  
CLEVELAND, OH 44109

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**2400001**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**METROHEALTH VENTURES LLC**

and, that said business records show the filing and recording of:

Document(s)

**OHIO LLC - AMENDMENT**

Document No(s):

**202219400640**Effective Date: **07/14/2022**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
14th day of July, A.D. 2022.

**Ohio Secretary of State**

Form 611 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MHS CARE-INNOVATION, LLC

Name of Limited Liability Company

2400001

Registration Number

Optional:

Effective Date (MM/DD/YYYY) 7/14/2022

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

Name of Limited Liability Company MetroHealth Ventures LLC

(Name must include one of the following words or abbreviations:  
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd".)

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

SONJA RAJKI, REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name