

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/6/2023 11:25 AM Fee Receipt: \$40.00

Division of Business Filings

Amended Certificate of Authority

FCA

Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Entity)
	KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of y named below and, for that purpose, submits the following statements:
1. The business entity is:	profit corporation
2. The name of the company	S:EXTRU-TECH, INC (The name must be identical to the name on record with the Secretary of State.)
	existing under the laws of the state of country of
	y to transact business in Kentucky on
5. The entity has changed its	
	e toEXTRU-TECH, LLC
× Name to be ι	sed in Kentucky toEXTRU-TECH, LLC
Jurisdiction o	organization to
Period of dur	ation
× Form of orga	nizationLLC
X Management	type: Member managed X Manager managed
6. This application will be effe	ctive upon filing.
I declare under penalty of per January of Signature of Authorized Represen	ury under the laws of the state of Kentucky that the foregoing is true and correct. M. Lisa M. Gaustrom Treasurer 2 144-07-3 ative Printed Name Title Date

FILING INSTRUCTIONS APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

TYPE OF FORMATION

Pursuant to KRS 14A.9 – 040 the entity must indicate if it is a corporation, a nonprofit corporation, a professional service corporation, a business trust, a limited liability company or a limited partnership by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

WHO MAY SIGN

The document must be signed by an authorized agent.

NUMBER OF COPIES

If filling via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filling for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams Secretary of State PO Box 718 OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Frankfort, KY 40602-0718

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.