



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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Division of Business Filings

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Amended Certificate of Authority  
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- |  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <input checked="checked" type="checkbox"/> | profit corporation                     | <input type="checkbox"/> | nonprofit corporation. |
| <input type="checkbox"/>                   | professional service corporation       | <input type="checkbox"/> | business trust         |
| <input type="checkbox"/>                   | limited liability company              | <input type="checkbox"/> | limited partnership    |
| <input type="checkbox"/>                   | professional limited liability company | <input type="checkbox"/> | statutory trust        |
| <input type="checkbox"/>                   | limited cooperative association        | <input type="checkbox"/> | non-profit LLC         |
| <input type="checkbox"/>                   | other                                  |                          |                        |

2. The name of the company is: American Mortgage Solutions, Inc  
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Florida

4. The entity received authority to transact business in Kentucky on 5/15/2020

5. The entity has changed its (check all that apply)

- ☐ Domicile name to \_\_\_\_\_
- ☒ Name to be used in Kentucky to American Mortgage Solutions Inc
- ☐ Jurisdiction of organization to \_\_\_\_\_
- ☐ Period of duration \_\_\_\_\_
- ☐ Form of organization \_\_\_\_\_
- ☐ Management type: ☐ Member managed ☐ Manager managed

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

  
Signature of Authorized Representative

Brady Webb  
Printed Name

President  
Title

11/03/2022  
Date