4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

Joshma Tyler Signature of Member, Manager or Authorized Party	Joshua Tyler Printed Name	Owner Title	<u>2-8-2024</u> Date
Joshna Tyler	Joshua Tyler	Owner	2-8-2024
I/We declare under penalty of perjury under the lav	vs of the state of Kentucky that the	e foregoing is true and c	orrect.
The individual signing these articles of amendm	nent is a (check only one): Member _	or Manager	·
5. This amendment will be effective upon filing.			
T. This successful has affective upon filling			

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and,

2. The text of each amendment adopted: I would like to change the name to Owensboro Child Care I LLC

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

for that purpose, submits the following statements:

(Name must be identical to the name on record with the Secretary of State.)

3. The date of adoption of each amendment was 2-8-2024 .

The amendment(s) was/were duly adopted by the managers

Owensboro Child Care LLC

Articles of Amendment (Limited Liability Company)

1. The name of the limited liability company on record with the Office of the Secretary of State is:

ΓЕ

or members

in accordance with

0706617.06

mmoore AMD

Michael G. Adams	
Kentucky Secretary of State	
Received and Filed:	
2/8/2024 1:47 PM	
Fee Receipt: \$40.00	

LLA