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mmoore AOC

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/13/2023 11:13 AM Fee Receipt: \$15.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602	Articles of Correction		AOC
(502) 564-3490 <u>sosfilings@ky.gov</u> to submit via email Filing Fee: \$15.00 (\$20.00 for LLC)			
following statement	S 14A-2.090, the undersigned applie		
1. Name of the entity is: C & C	FARM LLC <u>Limited Lie</u> STATEMENT OF QUALIFICATIO	bility Parti	nership
Document to be corrected is:	STATEMENT OF QUALIFICATION	ON	· · ·
Date the document being cor	rected was originally filed: 9/7/23		
2. Please specify the inaccuracie MISTAKENLY FILED WRONG			
	ed above should be corrected as foll OF QUALIFICATION WITH ART		ZATION
I declare under penalty of perjury	/ under the laws of Kentucky that the	e forgoing is tr ue and co	prrect.
1			
11/2	TAYLOR R COOPER	MEMBER	9/7/23
Signature	Printed Name	Title	Date



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability C			KLC
Pursuant to KRS 14A and KRS	275, the undersigned a	oplies to qualify and for that	purpose submits th	e following statements:
Article I: The name of the limite C & C FARM LLC	d liability company is:			
Article II: The street address of 1503 SCHOLLSVILLE RD	the limited liability comp	bany`s initial registered office WINCHESTER	in Kentucky is: KY	4,201
Street Address Only (No Post Office I	Box Numbers)	City	State	<u> </u>
and the name of the initial regist	tered agent at that office			
Article III: The mailing address	of the limited liability co	mpany's initial principal offi c WINCHESTER	e is: KY	40391
Street Address or Post Office Box Nu	Imper	City	State	Zip Code
Article V: This application will b		fined by KRS 14A.2-070(4 5) for the purposes c	f 14A.2-165 (see filing
/We declare under penalty of p	erjury under the laws of	the state of Kentucky that t TAYLOR R COOPER, Printed Name & Title		and correct. 9/7/2023 Date
ignature of Organizer				
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent	r	_, consent to serve as the register		limited liability company.
Signature of Registered Agent		Printed Name	Date	