



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1275318.06

mmoore
AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 9/21/2023 2:30 PM
 Fee Receipt: \$40.00

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:

- The business entity is:

<input type="checkbox"/>	profit corporation	nonprofit corporation.
<input type="checkbox"/>	professional service corporation	business trust
<input checked="" type="checkbox"/>	limited liability company	limited partnership
<input type="checkbox"/>	professional limited liability company	statutory trust
<input type="checkbox"/>	limited cooperative association	non-profit LLC
<input type="checkbox"/>	other	
- The name of the company is: Targeted Holdings LLC
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of New York.
- The entity received authority to transact business in Kentucky on April 17, 2023.
- The entity has changed its (check all that apply)

<input type="checkbox"/>	Domicile name to _____
<input type="checkbox"/>	Name to be used in Kentucky to _____
<input checked="" type="checkbox"/>	Jurisdiction of organization to <u>Delaware</u>
<input type="checkbox"/>	Period of duration _____
<input type="checkbox"/>	Form of organization _____
<input type="checkbox"/>	Management type: <input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- 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.

	Peter McElligott	Authorized Signatory	9/20/2023
Signature of Authorized Representative	Printed Name	Title	Date