

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

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Division of Business Filing P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	An	nended Certificate reign Business Entity)	_		FCA
Pursuant to the provision authority on behalf of the	s of KRS Cha entity named	opter KRS 14A.9 - 040 to	he undersigned he	reby applies for an amen owing statements:	ded certificate of
1. The business entity is:	profes limited profes limited other	corporation sional service corporation I liability company sional limited liability con I cooperative association	mpany	nonprofit corporation business trust limited partnership statutory trust non-profit LLC	
2. The name of the compa	any is: RMR N	RMR Mechanical, Inc. (The name must be identical to the name on record with the Secretary of State.)			
	(1116.11	fattle illust be lucition to			e.)
3. It is an entity organized	and existing	under the laws of the sta	ite or country of		<u> </u>
4. The entity received aut	hority to trans	act business in Kentuck	on 0//10/2004		•
5. The entity has changed	l its (check all t	hat apply)			
× Domicile	Domicile name to RMR Mechanical, LLC				
Name to	Name to be used in Kentucky to				
Jurisdicti	Jurisdiction of organization to				
Period of	duration			4	
Form of o	organization_I	LLC			
	ment type:	Member manage	ed X Mai	nager managed	
6. This application will be	effective upo	n filing.			
I declare under penalty o	f perjury unde	r the laws of the state of	Kentucky that the f	oregoing is true and corre	ect.
0 200		enny L. Joyce	President	08/15/202	
Signature of Authorized Repr	résentative	Printed Name		Title D	ate