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Michael G. Adams

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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	Amended Certificate of Authority (Foreign Business Entity)	FCA
Pursuant to the provisions of K authority on behalf of the entity	RS Chapter KRS 14A.9 - 040 the undersigned named below and, for that purpose, submits the	d hereby applies for an amended certificate of e following statements:
1. The business entity is:	profit corporation	nonprofit corporation.
×	professional service corporation	business trust
X	limited liability company	limited partnership
	professional limited liability company	statutory trust
	limited cooperative association other	non-profit LLC
0 The second of the second sec		
2. The name of the company is:	(The name must be identical to the name on red	cord with the Secretary of State)
2. It is an antity arganized and a		
	existing under the laws of the state or country of	
4. The entity received authority	to transact business in Kentucky on May 30, 20	
5. The entity has changed its (cr	neck all that apply)	
Domicile name	to	
	ed in Kentucky to	
	rganization to	
	on	
	ration	
100		
× Management ty	pe: Member managed X	Manager managed
6. This application will be effecti	ve upon filing.	

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

/s/ Sean O'Leary	Sean O'Leary	Manager	02/12/2025
Signature of Authorized Representative	Printed Name	Title	Date