

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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KY Secretary of State  
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**Amended Certificate of Authority**

**FCA**

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, 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:

1. The business entity is a **limited liability company (KRS 275)**.

2. The name of the business entity is:

**Remedy Center LLC**

3. It is an entity organized and existing under the laws of the **state of Indiana**.

4. The entity received authority to transact business in Kentucky on **11/17/2022**.

5. The entity has changed its

Domicile name to **Wing Management LLC**

Name to be used in Kentucky to **Wing Management LLC**

As the authorized representative, I, **Ashley R. Hollen**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Title: **Legal Representative**

8/21/2023