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

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Amended Certificate of Authority**

**FCA** 

P102

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:

## Thomas P. Miller and Associates LLC

- 3. The entity is organized and existing in the state or country of Indiana
- 4. The entity received authority to transact business in Kentucky on 6/2/2011.
- 5. This filing will be effective on Wednesday, January 22, 2025.
- 6. The entity has changed its

Domicile name to **TPMA**, **LLC**Jurisdiction of organization to **Indiana**Management type to **Manager managed** 

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

Signature of individual signing on behalf of **Project Administrator: Veronica Coward**