

1327831.06

mmoore LAOA

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/29/2024 2:00 PM Fee Receipt: \$40.00

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 | Articles of Ar (Limited Liability | | | LI | _ A |
|--|---|--------------------|--------------------|---|------------|
| Pursuant to the provisions of KR for that purpose, submits the following | S 14A and KRS Chapte owing statements: | er 275, the unde | rsigned applicant | applies to amend article | es and, |
| 1. The name of the limited liabili | ity company on record w | vith the Office o | f the Secretary of | State is: | |
| Horse Farm Tours, LLC | 2 | | | | |
| (Name must be identical to the name of2. The text of each amendment | The LLC on | | articles to becc | ome Member manag | jed. |
| The date of adoption of each a Mark the appropriate line in th | | | of the amendment | | |
| The amendment(s) was | /were duly adopted by th | ne managers | ✓ or member | sin accordan | ce with |
| 5. This amendment will be effect | live upon filing. | | | | |
| 6. The individual signing these a | articles of amendment is | 3 a (check only or | e): Member | or Manager 🖌 | |
| I/We declare under penalty of period by Bound F. Bo | erjury under the laws of | | | egoing is true and corre Authorized Representative | o4/26/2024 |
| Signature of Member, Manager or Aut | horized Party | Printed Name | | Title | Date |
| Signature of Member, Manager or Aut | thorized Party | Printed Name | | Title | Date |