



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 11/13/2023 11:31 AM
 Fee Receipt: \$40.00

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

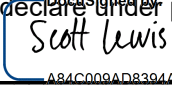
Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

| | |
|---|---|
| <input checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation. |
| <input type="checkbox"/> professional service corporation | <input type="checkbox"/> business trust |
| <input type="checkbox"/> limited liability company | <input type="checkbox"/> limited partnership |
| <input type="checkbox"/> professional limited liability company | <input type="checkbox"/> statutory trust |
| <input type="checkbox"/> limited cooperative association | <input type="checkbox"/> non-profit LLC |
| <input type="checkbox"/> other | |
- The name of the company is: Adams Magnetic Products Co.
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Illinois.
- The entity received authority to transact business in Kentucky on October 16, 1996.
- The entity has changed its (check all that apply)

| |
|--|
| <input type="checkbox"/> Domicile name to _____ |
| <input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Adams Magnetic Products, LLC</u> |
| <input checked="" type="checkbox"/> Jurisdiction of organization to <u>Delaware</u> |
| <input type="checkbox"/> Period of duration _____ |
| <input checked="" type="checkbox"/> Form of organization <u>Limited liability company</u> |
| <input checked="" type="checkbox"/> Management type: <input checked="" type="checkbox"/> Member managed <input type="checkbox"/> Manager managed |
- This application will be effective upon filing.

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

| | | | |
|--|---------------------|--------------|-------------|
|  | Scott Lewis | President | 11/8/2023 |
| Signature of Authorized Representative | Printed Name | Title | Date |