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glowe AMD Michael G. Adams Kentucky Secretary of State Received and Filed: 4/7/2023 8:19 AM Fee Receipt: \$40.00

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Articles of Ar<br>(Limited Liability |  |                         | LLA                  |
|---|--------------------------------------|--|-------------------------|----------------------|
| Pursuant to the provisions of KR<br>for that purpose, submits the foll                                  |                                      | er 275, the undersigned applic                         | ant applies to amend    | d articles and,      |
| 1. The name of the limited liabil   | ity company on record v              | vith the Office of the Secretary                       | / of State is:          |                      |
|   | Tarter Ga                            | ate Company, LLC                                       |                         |                      |
| (Name must be identical to the name   | on record with the Secretary         | y of State.)   |                         | ·                    |
| 2. The text of each amendment   | adopted:                             | : The limited liability company                        | will be managed by      | its managers.        |
| <ul><li>3. The date of adoption of each</li><li>4. Mark the appropriate line in th</li></ul>            |                                      |  | nent (check only one or | otion):              |
| The amendment(s) was,<br>the articles of organizati   |                                      | ne managersor mem<br>ment of the limited liability cor |                         | cordance with<br>er. |
| 5. This amendment will be effect  | tive upon filing.                    |  |                         |                      |
| 6. The individual signing these a   | articles of amendment is             | a (check only one): Member                             | or Manager              |                      |
| I/We declare under penalty of pe  | erjury under the laws of             | -  | foregoing is true and   | d correct.           |
| Dubera Slar   | ð l                                  | Barbara Velasco  | Authorized Pe           | erson April 6, 2023  |
| Signature of Member, Manager or Aut   | thorized Party                       | Printed Name   | Title                   | Date                 |
| Signature of Member, Manager or Aut   | thorized Party                       | Printed Name   | Title                   | Date                 |