



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

**0207941.06**tsemones  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 11/9/2022 4:12 PM  
 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: John Deere Shared Services, Inc.  
 (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 Delaware.
- The entity received authority to transact business in Kentucky on November 5, 1985.
- The entity has changed its (check all that apply)
 

|  |
|--|
| <input checked="" type="checkbox"/> Domicile name to <u>John Deere Shared Services LLC</u>   |
| <input checked="" type="checkbox"/> Name to be used in Kentucky to <u>John Deere Shared Services LLC</u>   |
| <input checked="" type="checkbox"/> Jurisdiction of organization to <u>Iowa</u>  |
| <input type="checkbox"/> Period of duration _____  |
| <input checked="" type="checkbox"/> Form of organization <u>to limited liability company</u>   |
| <input checked="" type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" 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.

|  |                  |                |            |
|--|------------------|----------------|------------|
| <u>Jahmy Hindman</u>                   | Jahmy J. Hindman | Vice President | 10/31/2022 |
| Signature of Authorized Representative | Printed Name     | Title          | Date       |