



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1302842.06 dwilliams
AMD
Michael G. Adams
Kentucky Secretary of State
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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 type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input checked="" 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: McBill Holdings LLC
(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 Tennessee.
- The entity received authority to transact business in Kentucky on 08.22.2023.
- The entity has changed its (check all that apply)

<input type="checkbox"/>	Domicile name to <u>Borton Construction Company LLC</u>
<input type="checkbox"/>	Name to be used in Kentucky to _____
<input type="checkbox"/>	Jurisdiction of organization to _____
<input type="checkbox"/>	Period of duration _____
<input type="checkbox"/>	Form of organization _____
<input type="checkbox"/>	Management type: Member managed 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>Robert C McMillin</u>	<u>Member</u>	<u>09.26.2023</u>
Signature of Authorized Representative	Printed Name	Title	Date