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mmoore AMD

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/1/2024 10:09 AM 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		of Amendment bility Company)		LLA
Pursuant to the provisions of KR for that purpose, submits the following		Chapter 275, the undersigned applicates:	nt applies to amend ar	ticles and,
1. The name of the limited liabil Retail Therapy eCom L		cord with the Office of the Secretary of	of State is:	
(Name must be identical to the name		ecretary of State.)		•
2. The text of each amendment	Am	ange LLC managed by managers t nora Harris as a member and owne yant		
3. The date of adoption of each				
4. Mark the appropriate line in the	ie following statem	nent for the adoption of the amendme	nt (check only one option	1):
The amendment(s) was the articles of organizati		d by the managersor memb agreement of the limited liability comp		dance with
5. This amendment will be effect	tive upon filing.			
6. The individual signing these	articles of amendn	nent is a (check only one): Member	or Manager 🗸	].
I/We declare under penalty of pe	erjury under the law	ws of the state of Kentucky that the fo		orrect.
WBQ_		Meishca Bryant	Manager	7/30/24
Signature of Member, Manager or Aut	thorized Party	Printed Name	Title	Date
Signature of Member, Manager or Aut	thorized Party	Printed Name	Title	Date