



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

<b>0857150.06</b>	tsemones AMD
<b>Michael G. Adams</b> <b>Kentucky Secretary of State</b> Received and Filed: 11/8/2022 12:20 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 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: XPO Logistics, 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 Delaware.
- The entity received authority to transact business in Kentucky on 5/8/2013.
- 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>RXO Capacity Solutions, LLC</u>
<input type="checkbox"/>	Jurisdiction of organization to _____
<input type="checkbox"/>	Period of duration _____
<input type="checkbox"/>	Form of organization _____
<input type="checkbox"/>	Management type: <input 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.

<u></u>	<u>Riina Tohvert</u>	<u>Auth. Person</u>	<u>11/4/22</u>
<b>Signature of Authorized Representative</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>