



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1052650.06

mmoore  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/20/2023 2:24 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:

1. The business entity is: ☒ profit corporation  
professional service corporation  
limited liability company  
professional limited liability company  
limited cooperative association  
other  
nonprofit corporation.  
business trust  
limited partnership  
statutory trust  
non-profit LLC
2. The name of the company is: Brightspark Travel, Inc.  
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Delaware.
4. The entity received authority to transact business in Kentucky on 03/21/2019.
5. The entity has changed its (check all that apply)
  - × Domicile name to Brightspark Travel, LLC
  - × Name to be used in Kentucky to Brightspark Travel, LLC
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - × Form of organization Limited Liability Company
  - × Management type: ☒ Member managed ☐ Manager managed
6. 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.

Joe Davis

Authorized Signer

02/27/2023

Signature of Authorized Representative

Printed Name

Title

Date