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AMD  
Michael G. Adams  
Kentucky Secretary of State  
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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	<b>Amended Certificate of Authority</b> <b>(Foreign Business Entity)</b>	<b>FCA</b>
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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:
- |   |   |
|---|---|
| <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                                  |   |

2. The name of the company is: A&E DUNCAN CRAFT LLC  
 (The name must be identical to the name on record with the Secretary of State.)

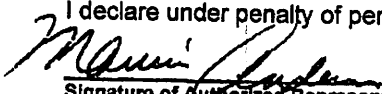
3. It is an entity organized and existing under the laws of the state or country of DE

4. The entity received authority to transact business in Kentucky on 11/9/2016

5. The entity has changed its (check all that apply)
- Domicile name to DUNCAN - CRAFT, LLC
  - Name to be used in Kentucky to DUNCAN - CRAFT, LLC
  - Jurisdiction of organization to \_\_\_\_\_
  - Period of duration \_\_\_\_\_
  - Form of organization \_\_\_\_\_
  - 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.

	James Marvin Anderson	Manager	02/28/24
Signature of Authorized Representative	Printed Name	Title	Date