



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
2/23/2023 1:06 PM
Fee Receipt: \$40.00

Division of Business Filings
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www.sos.ky.gov

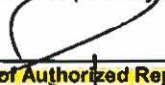
Amended Certificate of Authority
(Foreign Business Entity)

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:
- | | | | |
|-------------------------------------|----------------------------------------|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | profit corporation | <input type="checkbox"/> | nonprofit corporation. |
| <input type="checkbox"/> | professional service corporation | <input type="checkbox"/> | business trust |
| <input 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: Wilbur-Ellis Holdings II 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 DE
4. The entity received authority to transact business in Kentucky on 11/1/2016
5. 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>Wilbur-Ellis Holdings II, LLC</u> |
| <input type="checkbox"/> | Jurisdiction of organization to | |
| <input type="checkbox"/> | Period of duration | |
| <input checked="" type="checkbox"/> | Form of organization | <u>LLC</u> |
| <input checked="" type="checkbox"/> | Management type: | <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> 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.

	Timothy J. Nestler	Secretary and VP	2-21-23
Signature of Authorized Representative	Printed Name	Title	Date