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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/31/2023 11:40 AM Fee Receipt: \$40.00



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

| P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov      |                                | of Amendment<br>bility Company)                          |                             | LLA           |
|---|--------------------------------|--|-----------------------------|---------------|
| Pursuant to the provisions of KR for that purpose, submits the foll |                                |  | pplicant applies to amend   | articles and, |
| 1. The name of the limited liabiling FEASTERS CON                   | ISULTING                       | S, LLC   | retary of State is:         |               |
| (Name must be identical to the name                                 | on record with the Se<br>T⊔⊏ N | ecretary of State.)                                      |                             | V LIVO        |
| 2. The text of each amendment                                       | adopted:                       | CONOLUTINO   | LIABILITY COMPAN            | Т ПАЗ         |
| CHANGED TO F  | EASTER                         | CONSULTING,  | LLC.                        |               |
|   |                                |  |                             |               |
|   |                                |  |                             |               |
|   |                                |  |                             |               |
| 3. The date of adoption of each                                     | amendment was 3                | 8/22/2023  |                             |               |
| 4. Mark the appropriate line in th                                  | e following statem             | nent for the adoption of the am                          | endment (check only one opt | ion):         |
| The amendment(s) was, the articles of organizati                    |                                | d by the managersor<br>agreement of the limited liabilit |                             | ordance with  |
| 5. This amendment will be effect                                    | tive upon filing.              |  |                             |               |
| 6. The individual signing these                                     | articles of amendm             | nent is a (check only one): Memb                         | er or Manager               |               |
| I/We declare under penalty of pe                                    | erjury under the lav           | ws of the state of Kentucky tha                          | t the foregoing is true and | correct.      |
| Linda Feaster   |                                | Linda Feaste   | er Member                   | 7/31/2023     |
| Signature of Member, Manager or Aut                                 | horized Party                  | Printed Name   | Title                       | Date          |
| Signature of Member, Manager or Aut                                 | horized Party                  | Printed Name   | Title                       |               |

# FILING INSTRUCTIONS ARTICLES OF AMENDMENT FOR A LIMITED LIABILTY COMPANY

#### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

# **TEXT OF AMENDMENT**

The limited liability company may amend its articles of organization to add, change, or delete a provision that is permitted to be or that is not required to be in the articles of organization pursuant to KRS 275.030.

#### DATE

The date the amendment was adopted must be provided.

### **AMENDMENT ADOPTION**

Select member or manager whichever is applicable for adopting the amendment.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

# **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing.

#### WHO MAY SIGN

The document must be signed by a member, manager or authorized party.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

# **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

# **FILING FEE**

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

# **MAILING ADDRESS**

Michael Adams Secretary of State P.O. Box 718 Frankfort, KY 40602-0718 OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

# **CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

# **FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.