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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/25/2023 11:41 AM Fee Receipt: \$40.00

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

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Amended Certificate of Authority<br>(Foreign Business Entity)   | FCA  |
|---|---|--|
| Pursuant to the provisions of Kl<br>authority on behalf of the entity r                                 | RS Chapter KRS 14A.9 - 040 the undersigned here<br>named below and, for that purpose, submits the follo   | by applies for an amended certificate of wing statements:  |
| 1. The business entity is: X  | profit corporation<br>professional service corporation<br>limited liability company<br>professional limited liability company<br>limited cooperative association<br>other | nonprofit corporation.<br>business trust<br>limited partnership<br>statutory trust<br>non-profit LLC |
| 2. The name of the company is:  | with the Secretary of State )   |  |
|   | (The flame findst be identical to the flame en recent   | v York   |
| 3. It is an entity organized and e  | existing under the laws of the state or country of <u>New</u>   |  |
| 4. The entity received authority  | to transact business in Kentucky on <u>08/20/1997</u>   |  |
| 5. The entity has changed its (cl   | neck all that apply)  |  |
| × Domicile name   | to 20230930-DK-Butterfly-1, Inc.  |  |
| Name to be use  | ed in Kentucky to   |  |
| Jurisdiction of a   | organization to   |  |
| Period of durat   | on  |  |
| Form of organi  | zation  |  |
| Management ty   | vpe: Member managed Man   | ager 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.

| Eigt hubron                            | ERIC CARLSON | VICE PRESIDENT | 09/14/2023 |
|--|--------------|----------------|------------|
| Signature of Authorized Representative | Printed Name | Title          | Date       |