## Commonwealth of Kentucky Michael G. Adams, Secretary of State

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Amended Certificate of Authority**

**FCA** 

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Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, 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 a limited liability partnership.
- 2. The name of the business entity is:

## Vitality Solutions, LLC Registered Limited Liability Partnership

- 3. The entity is organized and existing in the state or country of **Tennessee**
- 4. The entity received authority to transact business in Kentucky on 3/11/2024.
- 5. This application will be effective on Monday, July 22, 2024.
- 6. The entity has changed its

Form of organization to a **limited liability company**Domicile name to **VITALITY SOLUTIONS, LLC**Management type to **Member managed** 

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Owner**, **Chief Growth Officer: Janelle Jones**