



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

**0478163.06**dwilliams  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 7/11/2024 2:41 PM  
 Fee Receipt: \$40.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 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:

- 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                                  |   |
- The name of the company is: PGT Industries, Inc.  
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Florida.
- The entity received authority to transact business in Kentucky on 8/3/1999.
- The entity has changed its (check all that apply)
 

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Domicile name to <u>PGT Industries, LLC</u>   |  |
| <input type="checkbox"/> Name to be used in Kentucky to _____   |  |
| <input type="checkbox"/> Jurisdiction of organization to _____  |  |
| <input type="checkbox"/> Period of duration _____   |  |
| <input checked="" type="checkbox"/> Form of organization <u>limited liability company</u>   |  |
| <input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed |  |
- 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.

DocuSigned by:

Matt DeSoto

Matt DeSoto

President and CEO 06/27/2024

Signature of Authorized Representative

Printed Name

Title

Date