



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
3/10/2025 2:44 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

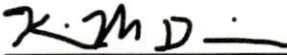
Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:
 

<input type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input checked="" 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: Lendlease (US) Public Partnerships LLC  
(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 Delaware.
- The entity received authority to transact business in Kentucky on 01/06/2006.
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>Centinel Construction LLC</u>	
<input type="checkbox"/> Name to be used in Kentucky to _____	
<input type="checkbox"/> Jurisdiction of organization to <u>No Change</u>	
<input type="checkbox"/> Period of duration <u>No Change</u>	
<input type="checkbox"/> Form of organization <u>No Change</u>	
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input 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.

	Kevin M. Davis	Assistant Secretary	3/10/2025
Signature of Authorized Representative	Printed Name	Title	Date