



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0663765.06 mmoore
AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/19/2023 2:36 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: ARAMARK UNIFORM & CAREER APPAREL, 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 05/04/2007.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>Vestis Services, 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.

<u>Kara Korosec</u>	KARA KOROSEC	MANAGER	12/13/2023
Signature of Authorized Representative	Printed Name	Title	Date