



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1025365.06

mmoore  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/9/2024 11:40 AM  
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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: US-Reports, 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 Colorado.
- The entity received authority to transact business in Kentucky on 06/27/2018.
- The entity has changed its (check all that apply)  

<input checked="" type="checkbox"/> Domicile name to <u>US-Reports, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>US-Reports, LLC</u>
<input checked="" type="checkbox"/> Jurisdiction of organization to <u>Delaware</u>
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>
<input checked="" 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.

<small>DocuSigned by:</small> <u>Paula Kenneson</u>	<u>Paula Kenneson</u>	<u>Manager</u>	<u>January 2, 2024</u>
Signature of Authorized Representative	Printed Name	Title	Date