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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/23/2024 1:25 PM Fee Receipt: \$40.00

mmoore AMD

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| 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 | | | | | | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | S Chapter KRS 14A.9 - 040 the undersigned amed below and, for that purpose, submits the | | | | | | | |
| | profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other | nonprofit corporation. business trust limited partnership statutory trust non-profit LLC | | | | | | |
| 2. The name of the company is: _ | Matchwell, Inc. | | | | | | | |
| 2. It is an antity organized and av | (The name must be identical to the name on rec | | | | | | | |
| | isting under the laws of the state or country of | | | | | | | |
| | o transact business in Kentucky on 5/27/2020 | · | | | | | | |
| 5. The entity has changed its (che | eck all that apply) | | | | | | | |
| | Domicile name to | | | | | | | |
| Name to be used | Name to be used in Kentucky to <u>Matchwell, LLC</u> | | | | | | | |
| Jurisdiction of or | Jurisdiction of organization to | | | | | | | |
| Period of duratio | Period of duration | | | | | | | |
| Form of organiza | Form of organization From Inc. to LLC | | | | | | | |
| Management typ | | Manager managed | | | | | | |
| 6. This application will be effectiv | e upon filing. under the laws of the state of Kentucky that th | e foregoing is true and correct | | | | | | |

Decusioned by: Devise Duffingmeijer Denise Dettingmeijer Chief Financial Officer 05/10/2024

 Signature of Authorized Representative
 Printed Name
 Title
 Date