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AMD

Michael G. Adams
 Kentucky Secretary of State
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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

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: CMY Solutions 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 DE.
- The entity received authority to transact business in Kentucky on 12/16/2019.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/>	Domicile name to	<u>CMY Solutions, LLC</u>
<input checked="" type="checkbox"/>	Name to be used in Kentucky to	<u>CMY Solutions, LLC</u>
<input type="checkbox"/>	Jurisdiction of organization to	_____
<input type="checkbox"/>	Period of duration	_____
<input type="checkbox"/>	Form of organization	_____
<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.

	Rosemarie Jones	Assistant Secretary	6/20/2023
Signature of Authorized Representative	Printed Name	Title	Date