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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/25/2024 1:19 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov |   | Amended Certificate of Aut<br>(Foreign Business Entity)  | hority   | FCA                          |
|---|---|--|--|------------------------------|
| Pursuant to authority on  | the provisions of Ki<br>behalf of the entity r      | RS Chapter KRS 14A.9 - 040 the undenamed below and, for that purpose, sub  | ersigned hereby applies omits the following statem   | for an amended certificate o |
| 1. The busine   | ess entity is:                                      | profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other | business   | artnership<br>trust          |
| 2. The name   | of the company is:                                  | Imerys Norfolk, Inc.   |  |                              |
|   |   | (The name must be identical to the name  | e on record with the Secr  | etary of State.)             |
| <ol><li>It is an ent</li></ol>  | ity organized and ex                                | xisting under the laws of the state or co  | untry of Virginia  |                              |
| 4. The entity   | received authority to                               | o transact business in Kentucky on   | 3/1/2018   |                              |
|   | has changed its (ch                                 |  |  |                              |
|   | Domicile name t                                     | 0  |  |                              |
|   | Name to be used in Kentucky to                      |  |  |                              |
| 7   | Tables 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10 |  |  |                              |
|   |   | n  |  |                              |
|   | Form of organiza                                    |  |  |                              |
|   | Management typ                                      | De: Member managed   | Manager manage   | ed .                         |
| 6. This applic  | ation will be effective                             | e upon filing.   |  |                              |
| I declare und   | er penalty of perjury                               | under the laws of the state of Kentuck   | y that the foregoing is tru  | e and correct.               |
| And   | 2017/   | Ryan J. Van Meter, Secretary   | The second secon | 11/20/2024                   |
| Signature of Au   | thorized Representativ                              | e Printed Name   | Title  | Date                         |
| ( / /   |   |  |  |                              |