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mmoore LAOA

Michael G. Adams Kentucky Secretary of State Received and Filed:

8/19/2024 8:45 AM Fee Receipt: \$40.00



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 | | f Amendment bility Company) | | LLA |
|--|--|-----------------------------------|--------------------------|--|
| Pursuant to the provisions of KR for that purpose, submits the following | tS 14A and KRS C lowing statements: | hapter 275, the undersigned ap | plicant applies to amen | d articles and, |
| 1. The name of the limited liabil | ity company on rec | ord with the Office of the Secre | etary of State is: | |
| World Peace Hospita | | | | *************************************** |
| (Name must be identical to the name | on record with the Se | cretary of State.) | 1114. | |
| The text of each amendment | adopted: Articl | e IV: The limited liab | ility company | *************************************** |
| is to be managed by | Managers | | | |
| 3. The date of adoption of each4. Mark the appropriate line in the | | | ndment (check only one o | option): |
| The amendment(s) was | /were duly adopted | | members V in a | ccordance with |
| 5. This amendment will be effect | tive upon filing. | | | |
| 6. The individual signing these | articles of amendn | nent is a (check only one): Membe | er or Manager | and the state of t |
| I/We declare under penalty of p | gjury under the law | ws of the state of Kentucky that | the foregoing is true ar | nd correct. |
| Marka | | Hsiang Pan | Member | 8/16/ |
| Signature of Member, Manager or Au | thorized Party | Printed Name | Title | Date |
| Signature of Member, Manager or Au | thorized Party | Printed Name | Title | Date |