Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Amended Certificate of Authority

Pursuant to the provisions of KRS chapters 14A and 271B, 273, 274, 275, 362, or 386, 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:

- 1. The business entity is a limited liability company (KRS 275).
- 2. The name of the business entity is:

## NETRANOM, LLC

3. The entity is organized and existing in the state or country of West Virginia

- 4. The entity received authority to transact business in Kentucky on 2/15/2024.
- 5. This filing will be effective on Monday, August 19, 2024.
- 6. The entity has changed its

Form of organization to a **limited liability company** Domicile name to **NETRANOM, LIMITED LIABILITY COMPANY** Jurisdiction of organization to **West Virginia** Period of duration (expiration date) to **be perpetual** Management type to **Manager managed** 

> I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

> Signature of individual signing on behalf of **Finance Manager: Michelle Francis**

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Michael G. Adams Secretary of State Received and Filed 8/19/2024 5:22:57 PM Fee receipt: \$40

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