



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/5/2023 10:56 AM
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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 checked="" type="checkbox"/> profit corporation | <input type="checkbox"/> nonprofit corporation. |
| <input type="checkbox"/> professional service corporation | <input type="checkbox"/> business trust |
| <input 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: UCPM, Inc.
(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 Arizona.
- The entity received authority to transact business in Kentucky on 06/02/2003.
- The entity has changed its (check all that apply)

| |
|--|
| <input checked="" type="checkbox"/> Domicile name to <u>UCPM, LLC</u> |
| <input checked="" type="checkbox"/> Name to be used in Kentucky to <u>UCPM, LLC</u> |
| <input type="checkbox"/> Jurisdiction of organization to _____ |
| <input type="checkbox"/> Period of duration _____ |
| <input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u> |
| <input checked="" type="checkbox"/> Management type: <input checked="" 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.

| | | | |
|---|------------------|------------------------------|-----------|
|  | Timothy L. Clegg | President of Managing Member | 3/29/2023 |
| Signature of Authorized Representative | Printed Name | Title | Date |