Division of Business Filings

Signature of Authorized Representative

P.O. Box 718



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Amended Certificate of Authority

1121990.06

kdcoleman AMD

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

10/18/2022 11:24 AM Fee Receipt: \$40.00

Date

FCA

Frankfort, KY 40 (502) 564-3490 www.sos.ky.gov		(Foreign Business Entity)	
		RS Chapter KRS 14A.9 - 040 the under amed below and, for that purpose, subr	rsigned hereby applies for an amended certificate of nits the following statements:
1. The business entity is:		profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other	nonprofit corporation. business trust limited partnership statutory trust non-profit LLC
2. The name of	f the company is:	Coneflower Solar, LLC (The name must be identical to the name	on record with the Correton of State
3 It is an entity	organized and ex	kisting under the laws of the state or cou	
		o transact business in Kentucky on 11/2	
	as changed its (che		
		o Coneflower Solar LLC	
	Name to be used	d in Kentucky to Coneflower Solar I	LC
	Jurisdiction of or		
	Period of duration	n	
	Form of organiza		
	Management typ	pe: Member managed	Manager managed
6. This applica	tion will be effectiv	re upon filing.	
I declare under	penalty of perjury	under the laws of the state of Kentucky Richard A. Houston	that the foregoing is true and correct. 10/7/2022

Title

Printed Name