



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1055893.06

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/18/2023 2:07 PM
Fee Receipt: \$40.00

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:

1. The business entity is:

<input checked="" type="checkbox"/> profit corporation <input type="checkbox"/> professional service corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> professional limited liability company <input type="checkbox"/> limited cooperative association <input type="checkbox"/> other	<input type="checkbox"/> nonprofit corporation. <input type="checkbox"/> business trust <input type="checkbox"/> limited partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> non-profit LLC
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2. The name of the company is: Valley Vet Supply, Ltd
 (The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of Kansas.
4. The entity received authority to transact business in Kentucky on 4/18/2019.
5. The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>Valley Veterinary Clinic LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>Valley Vet Supply LLC</u>
<input checked="" type="checkbox"/> Jurisdiction of organization to <u>Delaware</u>
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>LLC</u>
<input type="checkbox"/> Management type: <input type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed
6. 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.

Omar R. Hinojosa

CEO

05/15/2023

Signature of Authorized Representative

Printed Name

Title

Date