

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/13/2024 1:04 PM Fee Receipt: \$40.00

Date

| P.O. Box 718 Frankfort, KY 40 (502) 564-3490 www.sos.ky.gov | 0602 | Amended Certificate of Au (Foreign Business Entity) | thority | FCA |
|----------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|
| | | RS Chapter KRS 14A.9 - 040 the und named below and, for that purpose, su | | |
| 1. The busines | | profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other | business limited p | eartnership / trust |
| 2. The name o | f the company is: | Intrafi Network LLC | | |
| | | (The name must be identical to the na | | retary of State.) |
| | | existing under the laws of the state or c | | ······································ |
| 4. The entity re | eceived authority | to transact business in Kentucky on $\frac{1}{2}$ | 1/21/2002 | · |
| 5. The entity h | as changed its (c | heck all that apply) | | |
| V | Domicile name to IntraFi LLC | | | |
| V | Name to be used in Kentucky to IntraFi LLC | | | |
| | Jurisdiction of organization to | | | |
| | | | | |
| | Period of duration | | | |
| | Management type: Member managed Manager managed | | | |
| 6. This applica | tion will be effect | ive upon filing. | | |
| | | ry under the laws of the state of Kentuc | ky that the foregoing is tr | ue and correct. |
| David | L (pr. | David Cox | Authorized Person | 03/12/2024 |

Title

Printed Name

Signature of Authorized Representative