



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL ADAMS, SECRETARY OF STATE**

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AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
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**Division of Business Filings**

P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Articles of Amendment**  
(Limited Liability Company)

**LLA**

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. The name of the limited liability company on record with the Office of the Secretary of State is:

\_\_\_\_\_  
(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The date of adoption of each amendment was \_\_\_\_\_.

4. Mark the appropriate line in the following statement for the adoption of the amendment (**check only one option**):

The amendment(s) was/were duly adopted by the managers \_\_\_\_\_ or members \_\_\_\_\_ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective dates is \_\_\_\_\_.

6. The individual signing these articles of amendment is a (**check only one**): Member \_\_\_\_\_ or Manager \_\_\_\_\_.

**Please indicate whether any of the following applies to your business ownership:**

☒ Women Owned    ☐ Veteran Owned    ☐ Minority Owned

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

Signature of Member, Manager or Authorized Party

Printed Name

Title

Date

Signature of Member, Manager or Authorized Party

Printed Name

Title

Date

## FILING INSTRUCTIONS

### ARTICLES OF AMENDMENT FOR A LIMITED LIABILITY COMPANY

#### NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

#### TEXT OF AMENDMENT

The limited liability company may amend its articles of organization to add, change, or delete a provision that is permitted to be or that is not required to be in the articles of organization pursuant to KRS 275.030.

#### DATE

The date the amendment was adopted must be provided.

#### AMENDMENT ADOPTION

Select member or manager whichever is applicable for adopting the amendment.

#### PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

#### EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

#### WHO MAY SIGN

The document must be signed by a member, manager or authorized party.

#### NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

#### DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

#### FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

#### MAILING ADDRESS

Michael Adams  
Secretary of State  
P.O. Box 718  
Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

#### CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.

#### FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.