DOC ID ----> 202204102722

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/10/2022	202204102722	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

DANIEL ROBERT HACKETT
3369 GLENDALE MILFORD ROAD
CINCINNATI, OH 45241

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

1257032

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DH ADVISORY, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**202204102722**
Effective Date: 02/10/2022	

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of February, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202204102722

Form 543A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

10/01/2001
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY
Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

EXECUTIVE PRO TEM, LLC
Name of Limited Liability Company

1257032
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

DH ADVISORY, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: perpetuity
Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Daniel R. Hackett
Signature

Member
By (if applicable)

Daniel R. Hackett
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name