



COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE

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AMD  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
9/20/2022 10:51 AM  
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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)

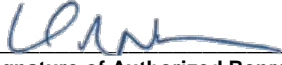
FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 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: ☐ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273).  
☐ professional service corporation (KRS 274). ☐ business trust (KRS 386).  
☒ limited liability company (KRS 275). ☐ limited partnership (KRS 362).  
☐ professional limited liability company (KRS 275) ☐ statutory trust (KRS 386)  
☐ limited cooperative association ☐ non-profit LLC (KRS 275).  
☐ cooperative association
2. The name of the company is: SSB INSURANCE SERVICES, INC.  
(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 DELAWARE.
4. The entity received authority to transact business in Kentucky on 03/04/2011.
5. The entity has changed its (check all that apply)
- ☒ Domicile name to SSB INSURANCE SERVICES, LLC
- ☒ Name to be used in Kentucky to SSB INSURANCE SERVICES, LLC
- ☒ Jurisdiction of organization to CALIFORNIA
- ☐ Period of duration \_\_\_\_\_
- ☒ Form of organization limited liability company
- ☒ Management type: ☐ Member managed ☒ Manager managed
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.

Please indicate the county in which your business operates: County: _____	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

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

	Carol R. Newman	Secretary	
Signature of Authorized Representative	Printed Name	Title	Date