



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0506253.06

tsemones
AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 9/19/2022 11:00 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.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 type="checkbox"/>	profit corporation
<input type="checkbox"/>	professional service corporation
<input checked="" 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
2. The name of the company is: Target Insurance Services, LLC
 (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 Missouri.
4. The entity received authority to transact business in Kentucky on 3/22/2019.
5. The entity has changed its (check all that apply)

<input type="checkbox"/>	Domicile name to _____
<input type="checkbox"/>	Name to be used in Kentucky to _____
<input checked="" type="checkbox"/>	Jurisdiction of organization to <u>Delaware</u>
<input type="checkbox"/>	Period of duration _____
<input type="checkbox"/>	Form of organization _____
<input checked="" type="checkbox"/>	Management type: <input checked="" type="checkbox"/> Member managed <input 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.

	Duncan McQueen	Assistant Secretary	9/15/2022
Signature of Authorized Representative	Printed Name	Title	Date