

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0641969.06

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/25/2024 11:51 AM Fee Receipt: \$40.00

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	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 business entity is:	profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other	busine limited statuto non-pr	ofit corporation. ess trust I partnership ory trust rofit LLC	
2. The name of the company is:	Brokers International Financial Service	es, LLC		
2 It is an autiture annual and an	(The name must be identical to the native state or a		ecretary of State.)	
	xisting under the laws of the state or co		'	
	o transact business in Kentucky on <u>07</u>		 •	
5. The entity has changed its (ch	eck all that apply) _{O_} Integrity Alliance, LLC			
		<u> </u>		
	Name to be used in Kentucky to Integrity Alliance, LLC			
	Jurisdiction of organization to			
	Period of duration			
☐ Form of organiza	ation			
☐ Management typ	pe: Member managed	Manager mana	aged	
6. This application will be effective	ve upon filing.			
I declare under penalty of perjury	y under the laws of the state of Kentuc	ky that the foregoing is	true and correct.	
Jayne Rothman	Jayne Rothman	Manager	10/23/2024	
Signature of Authorized Representative	ve Printed Name	Title	Date	

FILING INSTRUCTIONS APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

TYPE OF FORMATION

Pursuant to KRS 14A.9 – 040 the entity must indicate if it is a corporation, a nonprofit corporation, a professional service corporation, a business trust, a limited liability company or a limited partnership by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

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.

WHO MAY SIGN

The document must be signed by an authorized agent.

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 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 PO Box 718

Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, 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 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.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "BROKERS INTERNATIONAL
FINANCIAL SERVICES, LLC", CHANGING ITS NAME FROM "BROKERS
INTERNATIONAL FINANCIAL SERVICES, LLC" TO "INTEGRITY ALLIANCE,
LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF OCTOBER,
A.D. 2024, AT 10:35 O'CLOCK A.M.



Authentication: 204642417

Date: 10-16-24

5975158 8100 SR# 20243959588

DELAWARE CERTIFICATE OF AMENDMENT

OF THE CERTIFICATE OF FORMATION

OF BROKERS INTERNATIONAL FINANCIAL SERVICES, LLC

(Pursuant to Section 18-202 of the Delaware Limited Liability Company Act)

FIRST: The name of the limited liability company is Brokers International Financial Services, LLC (the "Company").

SECOND: Pursuant to the provisions of Section 18-202 of the Delaware Limited Liability Company Act, the Certificate of Formation of the Company (the "Certificate") is hereby amended to reflect the following changes:

Article 1 of the Certificate is hereby amended to reflect a change of the name of the Company. Article 1 of the Certificate is hereby amended and restated in its entirety to read as follows:

"1. The name of the limited liability company is Integrity Alliance, LLC."

THIRD: The amendment to the Certificate shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate this 15th day of October 2024.

By: Vernie Hsu

Title: Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:35 AM 10/16/2024
FILED 10:35 AM 10/16/2024
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