



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

**0671281.06**

mmoore  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
5/4/2023 11:06 AM  
Fee Receipt: \$40.00

**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:

- The business entity is:
 

<input checked="" type="checkbox"/> profit corporation (KRS 271B)	<input type="checkbox"/> nonprofit corporation (KRS 273).
<input type="checkbox"/> professional service corporation (KRS 274).	<input type="checkbox"/> business trust (KRS 386).
<input type="checkbox"/> limited liability company (KRS 275).	<input type="checkbox"/> limited partnership (KRS 362).
<input type="checkbox"/> professional limited liability company (KRS 275)	<input type="checkbox"/> statutory trust (KRS 386)
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC (KRS 275).
<input type="checkbox"/> cooperative association	
- The name of the company is: DKG Insurance & Financial Services, Inc.  
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Texas.
- The entity received authority to transact business in Kentucky on 08/14/2007.
- The entity has changed its (check all that apply)
 

<input checked="" type="checkbox"/> Domicile name to <u>DKG Insurance &amp; Financial Services, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>DKG Insurance &amp; Financial Services, LLC</u>
<input type="checkbox"/> Jurisdiction of organization to _____
<input type="checkbox"/> Period of duration _____
<input checked="" type="checkbox"/> Form of organization <u>Limited Liability Company</u>
<input checked="" type="checkbox"/> Management type: <input checked="" type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- 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:

- ☐ Small (Fewer than 50 employees)  
☐ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned

Please indicate which of the following best describes your business:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Mining   | <input type="checkbox"/> Services      | <input type="checkbox"/> Construction                    |
| <input type="checkbox"/> Wholesale Trade       | <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services |  |  |
| <input type="checkbox"/> Other                 |   |  |  |

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

Jennifer Hiester  
Signature of Authorized Representative

Jennifer Hiester  
Printed Name

Attorney In Fact  
Title

4/27/23  
Date