

0532888.06

mmoore
AMD

Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
 1/13/2025 4:09 PM
 Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

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

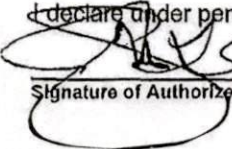
Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

<input checked="" type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input type="checkbox"/> limited liability company	<input type="checkbox"/> limited partnership
<input type="checkbox"/> professional limited liability company	<input type="checkbox"/> statutory trust
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC
<input type="checkbox"/> other	
- The name of the company is: INSURICA TX Insurance 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 3-13-2002
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to <u>INSURICA TX Insurance Services, LLC</u>
<input checked="" type="checkbox"/> Name to be used in Kentucky to <u>INSURICA TX Insurance 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 type="checkbox"/> Member managed <input checked="" type="checkbox"/> Manager managed
- 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.

	John G. Hester	Manager	1/13/25
Signature of Authorized Representative	Printed Name	Title	Date