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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/21/2022 9:36 AM Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

P.O. Box 718 P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		of Amendment bility Company)	,	LLA
Pursuant to the provisions of KF for that purpose, submits the following	S 14A and KRS Colowing statements:	hapter 275, the undersigned applic	ant applies to amend	l articles and,
1. The name of the limited liabil	ity company on red	cord with the Office of the Secretary	y of State is:	
WE INSURE ROCKET INS	SURANCE GRO	OUP, LLC		
(Name must be identical to the name		- ,		•
2. The text of each amendment	adopted: ARTIC	LE 1: THE NAME OF THE C	OMPANY IS	
ROCKET INSURANCE GI				
, , , , , , , , , , , , , , , , , , , ,				

3. The date of adoption of each	amendment was _	05/11/2022	The state of the s	
4. Mark the appropriate line in the	ne following statem	ent for the adoption of the amendm	nent (check only one op	tion):
The amendment(s) was the articles of organization		d by the managersor mem agreement of the limited liability con		cordance with r.
5. This amendment will be effec	tive upon filing.			
6. The individual signing these	articles of amendm	nent is a (check only one): Member _	or Manager_	
I/We declare under penalty of p	erjury under the lav	ws of the state of Kentucky that the	foregoing is true and	correct.
		TONY HUYNH	MEMBER	05/20/22
Signature of Member, Manager or Au	thorized Party	Printed Name	Title	Date
Signature of Member, Manager or Au	thorized Party	Printed Name	Title	Date