

LLC-6

IMPORTANT - Read instructions before completing this form.

Must be submitted with a current certificate evidencing the name change leaved by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$30.00

Copy Feee - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12) to change the LLC's business address(es), or to change the name or address of the LLC's agent for service of process. Statements of Information (Form LLC-12) can be filed online at bizilie.sos.ca.gov.

FILED (%)
Secretary of State
State of California

FEB 20 2019 SSS

About Book For Office House

Dizīle, sos, ca, gov.	Above Space For Office Use Only
1. LLC Exact Name Used in California (Enter	the name used in California exactly as listed on the records of the California Secretary of State.)
STARR INSURE, LLC	
2. LLC 12-Digit (File) Entity Number (Enter th	e exact 12-digit Entity (File) Number issued by the California Secretary of State.)
200708710088	
New LLC Name in the State, Country, or formation, list the new i.LC name as listed on your att.	Other Place of LLC Formation (if the LLC changed its name in the jurisdiction of ached certificate evidencing the name change.)
STARR INSURANCE AGENCY, LLC	
4. California Alternate Name, if Required (S	See Instructions - Complete either 4a, 4b, OR 4c)
	if: (1) the LLC name in Item 3 does not comply with California naming requirements or sting alternate name used in California. List the alternate name exactly as it is to by of State.
4b. Check this box if you completed item 3, above	and if applicable. If you check this box, do not complete Item 4a above or 4c below.
	January 1, 2014; currently transacts intrastate business in California 1 above; and upon this filling, will continue to transact intrastate business in ad in Item 1 above.
4c. If you check this box, do not complete Item 4a	or 4b above.
☐ Check this box if you are relinquishing t	he California alternate name.
Signature	
By signing, I certify that the information is true a The attachments, if any, attached hereto are in	and correct and that I am authorized to sign on behalf of the foreign LLC. corporated herein by this reference.
le de Acen	Julie Murray
Signature	Type or Print Name

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STARR INSURE, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARR INSURANCE AGENCY, LLC" ON THE SIXTH DAY OF JULY, A.D. 2017, AT 1:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



4256378 8320 SR# 20191171881 Authentication: 202290195 Date: 02-20-19

You may verify this certificate online at corp.delaware.gov/authver.shtml