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Special Instructions to	Filing Officer:	
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COVER LETTER

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CUB IL C'I	Kimberlee	Stuart - Goosehead Insurance,	LLC	7		
SUBJECT	:	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Kimberlee Stuart				
			Name of Person		-	
		Kimberlee Start - Gooseho	ead Insurance, LLC			
			Firm/Company		2021 579	
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		•	Address	 	- 浸透 あ	
		St Augustine, FL 32092			3	1
			City/State and Zip Code			•
		kimberleestuart82@gmail.c	com to be used for future annual report not		101	
For further	information co	e-man address: (•	fication)		
Kimberlee		S, p	336 314-9922			
	Name of	Person	at ()	e Telephone Numbe		
	Traine Of		wea code Daytii	e retephone Numbe	ı	
Enclosed is	a check for th	e following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	ailing Addres egistration S		Street Address: Registration Se	ction		
	-	огроrations	Division of Cor			
P.(O. Box 632	7	The Centre of T	allahassee		
Ta	illahassee, F	FL 32314	2415 N. Monro	e Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kimberlee Stuart - Goosehead Insurance, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on November 10, 2021	and assigned
Florida document number L21000486425		- A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
CLASS Insurance Advisors LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new registere
-		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Floric	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed ote: If the date inser	er than the date of f d, the date must be specifi ted in this block does a late on the Department	ic and cannot be prior not meet the applica	to date of filing or mo	(option re than 90 days after fi requirements, this o	ial) ling.) Pursuant to 605.020 late will not be listed a
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ecord specifies a del- is filed.					
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record specifies a delitistiled. ated December 8	ubelu A	tuat		f a member	