



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Limited Liability Company
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is Beecher Carlson Insurance Agency, LLC

If the company's name is changing, state the new name: Beecher Carlson Insurance Agency, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: Perpetual ___

If the address of the principle office of the limited liability company is changing, so state:

No. and Street: 2002 SUMMIT BOULEVARD, SUITE 925

City or Town: ATLANTA

State: GA Zip: 30319 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 2002 SUMMIT BOULEVARD, SUITE 925

City or Town: ATLANTA

State: GA Zip: 30319 Country: USA

If the management of the limited liability company is changing, modify the following section:

Members or ___ Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 21 Day of October, 2009 at 3:24:05 PM by the Authorized Person.

CHRISTINE ALLIGOOD

Beecher Carlson Insurance Agency, LLC

Form No. 451
Revised 09/07

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