



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Articles of Amendment**

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is Eliclade's Insurance Agency, LLC

If the name is changing, state the new name: Eliclade's Insurance Agency, LLC

ARTICLE II

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

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

No. and Street: 797 BROAD STREET

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

If the company duration is changing, so state: Perpetual

If the company purpose is changing, so state:

insurance dba as Allstate

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
MANAGER	ELIZABETH GONZALEZ	476 WELLINGTON AVENUE CRANSTON, RI 02910 USA
MANAGER	FABIO R LIRIANO	764 E 230 ST BRONX, NY 10466 USA

If there are any other provisions to be amended, so state:

ARTICLE III

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not

prior to, nor more than 30 days after, the filing of these Articles of Amendment), is:

Later Effective Date: 4/1/2011

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 31 Day of March, 2011 at 12:50:19 PM by the Authorized Person.

ELIZABETH GONZALEZ

Eliclade's Insurance Agency, LLC

Form No. 401
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

