



**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

**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 DF Insurance Agency LLC

If the company's name is changing, state the new name: DF 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: X Perpetual     

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

No. and Street: 535 COON RAPIDS BOULEVARD NW  
SUITE 102

City or Town: COON RAPIDS State: MN Zip: 55433 Country: USA

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

No. and Street: ATTN: LEGAL  
1100 VIRGINIA DR., SUITE 100A

City or Town: FORT WASHINGTON State: PA Zip: 19034 Country: USA

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

X 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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

*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 11 Day of June, 2019 at 5:03:43 PM by the Authorized Person.**

WANDA J. LAMB-LINDOW

DF Insurance Agency LLC

Form No. 451  
Revised 09/07

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