



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2020 JUL -3 PM 12:05

# Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

|  |   |
|--|---|
| 1. Entity ID Number:<br><b>000150437</b>   | 2. The name of the limited liability company is:<br><b>Beecher Carlson Insurance Agency LLC</b> |
| 3. If the entity's name is changing, state the new name:<br><b>Spectrum Wholesale Insurance Services LLC</b>   |   |
| Check the box to indicate no change <input type="checkbox"/>   |   |
| 3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:   |   |
| 4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b>  |   |
| <input type="checkbox"/> Perpetual (on-going)  |   |
| <input type="checkbox"/> Date certain for dissolution _____  |   |
| Check the box to indicate no change <input checked="" type="checkbox"/>  |   |
| 5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:                       |   |
| Check the box to indicate no change <input checked="" type="checkbox"/>  |   |
| 6. If the mailing address is changing complete the following section:  |   |
| Check the box to indicate no change <input checked="" type="checkbox"/>  |   |
| 7. If the entity's purpose is changing complete the following section. *The new purpose should include <b>ALL</b> activity to be transacted in the State of Rhode Island |   |
| Check the box to indicate an attachment <input type="checkbox"/>   |   |
| Check the box to indicate no change <input checked="" type="checkbox"/>  |   |

## MAIL TO:

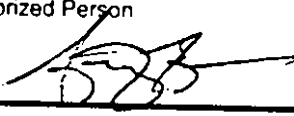
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY AYCEO

FORM 451 - Revised: 11/2017

A.A. 12:05 p.m.

|  |                 |
|--|-----------------|
| 8. If the management structure has changed, complete the following section:  |                 |
| The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>   |                 |
| <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 9. <b>DO NOT</b> fill out the chart on the next page.)   |                 |
| <input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)     |                 |
| <b>MANAGER</b>   | <b>ADDRESS</b>  |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
| Check the box to indicate no change <input checked="" type="checkbox"/>  |                 |
| 9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.   |                 |
| 10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration. |                 |
| 11. Date when this Amendment to the Application for Registration will be effective: <b>CHECK ONE BOX ONLY</b>  |                 |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |                 |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____  |                 |
| Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.         |                 |
| Type or Print Name of Limited Liability Company  | Date            |
| <b>Beecher Carlson Insurance Agency LLC</b>  | <b>7/1/2020</b> |
| Signature of Authorized Person   |                 |
|  SIGN DOCUMENT HERE   |                 |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

July 03, 2020 12:05 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

