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2021 MAR -8 ₱ 12: 42

Amendment to Application for Registration

FOREIGN Limited Liability Company

Entity ID Number:	2. The name of the limited liability of	
1700937	Ashfiold Healthcare Communications	, LLC
If the entity's name is chan ale the new name:	ngling, Ashfield Realth LLC	Check the box to indicate no change
a. The entity's name, if diffe	rent,	
	DIBRAF MISH	CHECK ONE BOX ONLY
snasci Dusiness in reloce i	as changed in the home state, complete the	ne following section: CHECK ONE BOX ONLY
Tamehisi (pn-golfig)		
The second of the dissolution	ថែ កា	Check the box to Indicate no change is country of its organization has changed, complete
he following section:		Check the box to indicate no change
3. If the mailing address is	changing complete the following section:	
		Check the box to indicate no change
	the following section:	*The new purpose should include ALL activity to be
7, If the entity's purpose is transacted in the State of Rho	changing complete the following section: de Island:	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2616

Phone: (401) 222-3040 Mepsite: www.sos.ri.gov

If the management structure is to be managed by: CHECK ONLY ONE BOX Its member(s) (if you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.) Che (1) or more manager(s) (if the limited liability company has manager(s) at the time of the filling of this American to the Application for Registration, state the name and address of each manager.) Check the box to Indicate no cheap state of the filling of the Application for Registration for Registration for Registration for Registration continues in full force and effect and is here confirmed, by a person with authority, by reference into this Amendment to the Application for Registration will be offactive: CHECK ONE BOX ONLY 11. Date when this Amendment to the Application for Registration will be offactive: CHECK ONE BOX ONLY 12. Date revertived (Upon filing) Later effective date (Date must be no more than 90 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 for Registration are true and correct. Typo or Print Name of Limited Liability Company Ashfield Healthcare Communications, LLC	the management structure h	nes changed, complete the following section:	
ANAGER ADDRESS Check the box to indicate no che B. As required by RIGL 7-16-67, the limited liability company has paid all fees and laxes. 10. Except as herein modified, the original Application for Registration continues in full force and effect and is here 10. Except as herein modified, the original Application for Registration continues in full force and effect and is here 11. Date when this Amendment to the Application for Registration will be officieve: CHECK ONE BOX ONLY 12. Date received (Upon fitting) 13. Date received date (Date must be no more than 90 days from the date of filling) 14. Under penelty of perfury, I declare and affirm that I have examined this Amendment to the Application for Registration including any accompanying nitachments, and that all statements contained homin are true and correct. 15. Date 16. Type of Print Name of Limited Liability Company 18. Date 18. Date 19. Date 29. Date 20. Date	Limited Liability Company is its member(s) (if you have	s to be managed by: Check Civil on NOT fill of checked this box, skip to Section 9. DO NOT fill of the manager(s)	
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