State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

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:	2. The name of the limited liability company is:
001675316	CUNA Mutual AdvantEdge Analytics, LLC

3. If the entity's name is changing, state the new name: AdvantEdge Digital LLC

Check the box to indicate no change ☐

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: **CHECK ONE BOX ONLY**

☐ Perpetual (on-going)

☐ Date certain for dissolution _____

Check the box to indicate no change ☒

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 ☒

6. If the mailing address is changing complete the following section:

Check the box to indicate no change ☒

7. If the entity's purpose is changing complete the following section: **The new purpose should include **ALL** activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

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

FILED
APR 21 2021
KL 85E78
1:00

FORM 451 - Revised: 08/2020

8. If the management structure has changed, complete the following section:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

[X] Its member(s) (If you have checked this box, skip to Section 9. **DO NOT** fill out the chart on the next page.)

[ ] 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.)

MANAGER	ADDRESS

Check the box to indicate no change [ ]

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: **CHECK ONE BOX ONLY**

[x] Date received (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, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Limited Liability Company	Date
Paul Barbato, Secretary	4/14/2021

Signature of Authorized Person

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.

IOWA SECRETARY OF STATE
PAUL D. PATE

CERTIFICATE OF EXISTENCE

Issue Date: 4/6/2021

Name: ADVANTEDGE DIGITAL LLC (489DLC - 543566)
Date of Incorporation: 4/13/2017
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. The Secretary of State has not administratively dissolved the limited liability company.

e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS217851**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

State of Rhode Island
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, 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:

April 21, 2021 01:00 PM

Nellie M. Gorbea
Secretary of State