RI SOS Filing Number: 202196139740 Date: 5/3/2021 9:10:00 AM



## **Amendment to Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

May 3 A 9 10

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 s	submits the following statement:		
Entity ID Number:	2. The name of the limited liabilit	ty company is:	
1065137	Rolta AdvizeX Technologies, LLC	•	
3. If the entity's name is changing, state the new name:	AdvizeX Technologies, LLC		
		Check the box to inc	licate no change 🔲
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island i			_
4. If the period of duration has char	nged in the home state, complete	the following section: CHECK ON	E BOX ONLY
Perpetual (on-going)			
Date certain for dissolution		Check the box to inc	dicate ngachange
5. If the required address of the offi the following section:	ce to be maintained in the state o	r country of its organization has cl	nanged, pomplete strains of the stra
		Check the box to inc	dicate no cbange ವಿಚಿ
6. If the mailing address is changing	g complete the following section:		9: 22
		Check the box to inc	I
7. If the entity's purpose is changing transacted in the State of Rhode Island			
Check the box to indicate an attach	ment	Check the box to in	dicate no change
MAIL TO:	•		<u> </u>

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

8S: 8 MA E- YAH 1505

ALA SECTION STATE

FORM 451 - Revised: 08/2020

8. If the management structure has changed, complete the following section:					
The Limited Liability Company is t	The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
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.)					
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				
		<u></u>			
		<del></del>			
· · · · · · · · · · · · · · · · · · ·		· - · · · · · · · · · · · · · · · · · ·			
	Check the	box to indicate no change			
9. As required by RIGL <u>7-16-67</u> , 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					
➤ 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					
AdvizeX Technologies, LLC		4/22/2021			
Signature of Authorized Person					

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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:

May 03, 2021 09:10 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

