



State of Rhode Island
Department of State - Business Services Division

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2022 JUL 28 P 1:40

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: 001679631	2. The name of the limited liability company is: Creative Planning Property & Casualty LLC
3. If the entity's name is changing, state the new name: Creative Planning Insurance 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	
<input checked="" type="checkbox"/> Perpetual (on-going) Date certain for dissolution _____ Check the box to indicate no change <input 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 type="checkbox"/>	
6. If the mailing address is changing complete the following section: Check the box to indicate no change <input type="checkbox"/>	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i> Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input 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 NB 38 KyH

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

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. **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**

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

Creative Planning Property & Casualty LLC

Date

7/21/2022

Signature of Authorized Person

Craig J. Kelly, Director of Creative Planning Insurance LLC

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3437829

Entity Name: CREATIVE PLANNING INSURANCE LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on February 27, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 15, 2022

A handwritten signature in black ink that reads "Scott Schwab". The signature is written in a cursive, flowing style.

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1228508 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



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:

July 28, 2022 01:40 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

