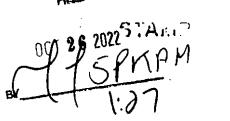
State of Rhode Island Department of Sta	ate - Business Services Divisio	n
Amendment to Application for Registration FOREIGN Limited Liability Company		RECEIVED.
	IGL <u>7-16-52</u> the undersigned foreign lim rtificate of Registration to transact busir lose submits the following statement.	hited liability company hereby OCT 25 P 1:27
1. Entity ID Number:	2. The name of the limited liability	
001739490	THE SPUR GROUP, LLC	
3. If the entity's name is chang state the new name	ging, Spur Reply LLC	
		Check the box to indicate no change
3a. The entity's name, if differ under which it proposed to reg transact business in Rhode Is	gister and	
4. If the period of duration has	changed in the home state, complete t	he following section: CHECK ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolution	חיי	Check the box to indicate no change X
 If the required address of the the following section: 	e office to be maintained in the state or	country of its organization has changed, complete
		Check the box to indicate no change X
 If the mailing address is characteristic 	anging complete the following section:	
		Check the box to indicate no change $ imes$
7. If the entity's purpose is character in the State of Rhode	•••	The new purpose should include ALL activity to be
Check the box to indicate an	attachment	Check the box to indicate no change $ imes$
MAIL TO:		· · · · · · · · · · · · · · · · · · ·
MAIL TO: Division of Business Services		ALED
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040		6 20225 ALT

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



DocuSign Envelope ID: E981475E-8784-4A7E-9710-89D5E3420ECC

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 X				
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)				
	e and affirm that I have examined this Amendment to the Ap chments, and that all statements contained herein are true of			
Type or Print Name of Limited Liability	Date			
Spur Reply LLC		9/26/2022		
Spur Reply LLC		9/20/2022		
Signature of Authorized Person		<u> </u>		
Chris McCall				
LL				

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:

October 26, 2022 01:27 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

