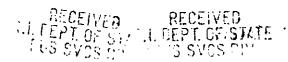
## **Amendment to Application for Registration**

FOREIGN Limited Liability Company

<b>~</b>	Filina	Foo:	\$50.00	
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→ Filing Fee: \$50.00

\*\*Replace See: \$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:  001731433  2. The name of the limited liability company is:  AP Wholesale Insurance Services, 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.	,	2. The name of the limited liability	company is:
3. If the entity's name is changing, state the new name:  Accretive Wholesale Insurance Services, LT.C  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  Perpotual (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	001731433		company is.
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MAIL TO:

**Division of Business Services** 

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

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

8. If the management structure ha	s changed, complete the following section:	<del></del>
The Limited Liability Company is t	b be managed by: CHECK ONLY ONE BOX	<u> </u>
Its member(s) (If you have ch	necked this box, skip to Section 9. <b>DO NOT</b> fill out the cha	rt on the next page.)
	(If the limited liability company has manager(s) at the time ation, state the name and address of each manager.)	e of the filing of this Amendment
MANAGER	ADDRESS	
<u></u>		
	Check th	e box to indicate no change X
9. As required by RIGL <u>7-16-67</u> , th	e limited liability company has paid all fees and taxes.	
•	original Application for Registration continues in full force rity, by reference into this Amendment to the Application for	<del>_</del>
11. Date when this Amendment to	the Application for Registration will be effective: CHECK	ONE BOX ONLY
✓ Date received (Upon filing)		
, , , ,		
<u> </u>	st be no more than 90 days from the date of filing)	
	and affirm that I have examined this Amendment to the A hments, and that all statements contained herein are true	· ·
Type or Print Name of Limited Liability	Company	Date
JOE DAVIS, MANAGER		2/11/2023
Signature of Authorized Person	Fare	