



State of Rhode Island

Department of State - Business Services Division

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:

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2023 MAR 13 P 1:57

1. Entity ID Number: 001735283	2. The name of the limited liability company is: Max Finkelstein, LLC
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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) <input checked="" type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the mailing address is changing complete the following section: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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> <div style="display: flex; justify-content: space-between;"><div>Check the box to indicate an attachment <input type="checkbox"/></div><div>Check the box to indicate no change <input checked="" type="checkbox"/></div></div>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

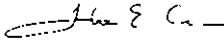
Website: www.sos.ri.gov

FILED
STAMP

MAR 13 2023

BY ML QDVDT

1:57

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.) <input checked="" type="checkbox"/> 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
John A. Schmidt (President)	425 Better Way, Appleton, WI 54915
Jay J. Walters (Treasurer)	425 Better Way, Appleton, WI 54915
Thomas E. Evans (Secretary)	425 Better Way, Appleton, WI 54915
Lori A. Hoersch (Asst. Secretary)	425 Better Way, Appleton, WI 54915
Check the box to indicate no change <input type="checkbox"/>	
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	
<input checked="" type="checkbox"/> 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
Max Finkelstein, LLC	3/9/2023
Signature of Authorized Person	
 Thomas Evans 2023.03.09 11:47:57 -06'00'	

