RI SOS Filing Number: 202343526500 Date: 12/21/2023 11:58:00 AM



## **Amendment to Application for Registration** FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

|   | 16-52 the undersigned foreign limited liability company her<br>e of Registration to transact business in the state of | eby                         |  |
|---|---|-----------------------------|--|
| Rhode Island, and for that purpose s  | · ·   |                             |  |
| 1. Entity ID Number:  | 2. The name of the limited liability company is:  |                             |  |
| 001758564   | LoanFront, LLC  |                             |  |
| If the entity's name is changing, state the new name:   |   |                             |  |
|   | Check the bo  | ox to indicate no change 🔀  |  |
| 3a. The entity's name, if different,<br>under which it proposed to register<br>transact business in Rhode Island is         |   |                             |  |
|   | ged in the home state, complete the following section: CHE  | CK ONE BOX ONLY             |  |
| Perpetual (on-going)  | • •   |                             |  |
| Date certain for dissolution  | Check the b   | ox to indicate no change 🗵  |  |
| 5. If the required address of the office the following section:   | ce to be maintained in the state or country of its organizatio  2 Bridge Avenue, Suite 322, Red Bank, NJ 07701        | n has changed, complete     |  |
|   | Check the b   | ox to indicate no change    |  |
| 6. If the mailing address is changing   | complete the following section:   |                             |  |
| 2 Bridge Avenue, Suite 322, Red Bank, NJ 07701  |   |                             |  |
|   | Check the b   | ox to indicate no change    |  |
| 7. If the entity's purpose is changing transacted in the State of Rhode Island  | g complete the following section: *The new purpose should in  | clude ALL activity to be    |  |
| Check the box to indicate an attach   | ment Check the b  | box to indicate no change 🗵 |  |
| MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 Website: www.sos.ri.gov | Island 02904-2615   | DEC 21,20233<br>BY 79398    |  |

| <del></del>  | <u> </u> |            |  |  |
|--|----------|------------|--|--|
| 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. <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  |            |  |  |
|  |          |            |  |  |
|  |          |            |  |  |
|  |          |            |  |  |
|  |          |            |  |  |
|  |          |            |  |  |
| •  |          |            |  |  |
|  |          |            |  |  |
| 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       |  |  |
| LoanFront, LLC   |          | 12/20/2023 |  |  |
| Signature of Authorized Person   |          |            |  |  |
|  |          |            |  |  |
|  |          |            |  |  |

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I, GREGG M. AMORE, 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:

December 21, 2023 11:58 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

