



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company

Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is MEDICAL MUTUAL SERVICES, LLC

If the company's name is changing, state the new name: MEDICAL MUTUAL SERVICES, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: ☒ Perpetual ☐

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 100 AMERICAN AVENUE

City or Town: CLEVELAND

State: OH

Zip: 44144

Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 100 AMERICAN AVENUE

City or Town: CLEVELAND

State: OH

Zip: 44144

Country: USA

If the management of the limited liability company is changing, modify the following section:

☐ Members or ☒ Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN C GLASS	100 AMERICAN AVENUE CLEVELAND, OH 44144 USA
MANAGER	ANDREA M HOGBEN	100 AMERICAN ROAD CLEVELAND, OH 44144 USA

MANAGER	ANTHEA R DANIELS	100 AMERICAN ROAD CLEVELAND, OH 44144 USA
MANAGER	ANTHONY M HELTON	100 AMERICAN ROAS CLEVELAND, OH 44144 USA

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date: 4/22/2024

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 22 Day of April, 2024 at 12:16:00 PM by the Authorized Person.

ANTHEA R. DANIELS

MEDICAL MUTUAL SERVICES, LLC

Form No. 451
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

April 22, 2024 12:14 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

