RI SOS Filing Number: 202565573090 Date: 2/24/2025 3:25:00 PM



## 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 <u>7-16-52</u> 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:	2. The name of the limited liab	•	
000485413	Likewize De	vice	Protection, LLC
<ol><li>If the entity's name is changing, state the new name:</li></ol>			
			Check the box to indicate no change X
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island	is:		
4. If the period of duration has char	nged in the home state, comple	te the fol	llowing section: CHECK ONE BOX ONLY
Perpetual (on-going)			
Date certain for dissolution			Check the box to indicate no change X
5. If the required address of the off the following section:  1900 W. Kirkwood Blvd STE 1600C.		a ui couf	ntry of its organization has changed, complete  Check the box to indicate no change
6. If the mailing address is changir	na complete the following section	n:	Officer the por to monoto he change
1900 W. Kirkwood Blvd STE 1600C			
	_		Check the box to indicate no change
7. If the entity's purpose is changing transacted in the State of Rhode Islan	ng complete the following section	on: *The	new purpose should include ALL activity to be
Check the box to indicate an attac	:hment		Check the box to indicate no change $$

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 325°

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FORM 451 - Revised: 12/2023

8. If the management struct	ure has changed, complete the following section		
	any is to be managed by: CHECK ONLY ONE BO		
Its member(s) (If you h	have checked this box, skip to Section 9. DO NO	T fill out the chart on the next page.)	
One (1) or more mana to the Application for R	ger(s) (If the limited liability company has manag tegistration, state the name and address of each	er(s) at the time of the filing of this Amendment manager.)	
MANAGER	ADDRESS		
Jack A. Negro	1900 W. Kirkwood Blvd STE 1600C. Southlake, TX 76092		
Jermaine A. Hunt	1900 W. Kirkwood Blvd STE 1600C. Southlake, TX 76092		
. <del></del>		Check the box to indicate no change	
9. As required by RIGL 7-1	6-67, the limited liability company has paid all fee	es and taxes.	
10 Except as herein modif	ied, the original Application for Registration conti h authority, by reference into this Amendment to	nues in full force and effect and is hereby	
11. Date when this Amenda	ment to the Application for Registration will be eff	ective: CHECK ONE BOX ONLY	
★ Date received (Upon formal)			
Under penalty of periury 1	declare and affirm that I have examined this Ameng attachments, and that all statements contained	endment to the Application for Registration,	
Type or Print Name of Limited		Date	
Likewize Device Protection LLC		2/13/2025	
Signature of Authorized Perso	on A		

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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:

February 24, 2025 03:25 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

