



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 SYNDICATE CLAIM SERVICES LLC

If the company's name is changing, state the new name: SYNDICATE CLAIM 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: 8383 CRAIG STREET, SUITE 325

City or Town: INDIANAPOLIS State: IN Zip: 46250 Country: USA

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

No. and Street: 8383 CRAIG ST STE 325

City or Town: INDIANAPOLIS State: IN Zip: 46250 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	CONOR BAGNALL	301 MERRITT 7, 2ND FLOOR NORWALK, CT 06851 USA
MANAGER	CHRISTOPHER SCHAFFER	301 MERRITT 7, 2ND FLOOR NORWALK, CT 06851 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: 5/2/2025

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 1 Day of May, 2025 at 12:44:11 PM by the Authorized Person.

CHRISTOPHER SCHAFFER

SYNDICATE CLAIM SERVICES LLC

Form No. 451
Revised 09/07

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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:

May 01, 2025 12:43 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

