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→ Filing Fee: \$50.00

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|--|---|
| 1. Entity ID Number:<br><br><div style="border: 1px solid black; padding: 2px; min-height: 20px;">001690244</div>  | 2. The name of the limited liability company is:<br><br><div style="border: 1px solid black; padding: 2px; min-height: 20px;">Coterie Insurance Agency, LLC</div> |
| 3. If the entity's name is changing, state the new name:<br><br><div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 5px;">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:<br><br><div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>   |   |
| 4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b>  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Perpetual (on-going)<br/><br/> <input type="checkbox"/> Date certain for dissolution _____         </div> <div style="width: 35%; text-align: right;">           Check the box to indicate no change <input checked="" type="checkbox"/> </div> </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:<br><br><div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 5px;">Check the box to indicate no change <input checked="" type="checkbox"/></div>  |   |
| 6. If the mailing address is changing complete the following section:<br><br><div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> <div style="text-align: right; margin-top: 5px;">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 <b>ALL</b> activity to be transacted in the State of Rhode Island</i><br><br><div style="border: 1px solid black; height: 120px; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           Check the box to indicate an attachment <input type="checkbox"/> </div> <div style="width: 50%; text-align: right;">           Check the box to indicate no change <input checked="" type="checkbox"/> </div> </div> |   |

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BY *2EGAR*

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| 8. If the management structure has changed, complete the following section:   |  |
| The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>  |  |
| <input type="checkbox"/> 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.)  |  |
| <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  |
| David McFarland   | 181 S Riverheath Way, Suite 1200, 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: <b>CHECK ONE BOX ONLY</b>   |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |  |
| <input type="checkbox"/> 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   |
| David McFarland   | 08 / 28 / 2025                                       |
| Signature of Authorized Person  |  |
| David McFarland   |  |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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:

September 17, 2025 12:37 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*

