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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 series of the Besterd Bas	1116	
Entity ID Number:	The name of the limited liability company is:		
004705057			
001785357	CONSOLIDATED COI	MMUNICATIONS ENTERPRISE SERVICES, LLC	
0 16 45	<u> </u>		
3. If the entity's name is changing,	5.5.4	A SALTEDDRICE OFFICE ALLO	
state the new name:	FIDIUM ENTERPRISE SERVICES, LLC		
		Check the box to indicate no change	
3a. The entity's name, if different,			
under which it proposed to register	and		
transact business in Rhode Island	is:		
4. If the period of duration has char	nged in the home state, comple	te the following section: CHECK ONE BOX ONLY	
Perpetual (on-going)		•	
Date certain for dissolution			
_		Check the box to indicate no change	
5. If the required address of the offi	ice to be maintained in the state	or country of its organization has changed, complete	
the following section:		, or boundy or its organization has only god, complete	
		Check the box to indicate no change	
6. If the mailing address is changing	a complete the following section) .	
	g complete the relieffing decite.	**	
		Check the box to indicate no change 🔀	
7. If the entity's purpose is changing	a complete the following section	n: *The new purpose should include ALL activity to be	
transacted in the State of Rhode Island		,	
Charletha have a indicate an extent			
Check the box to indicate an attachment		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.n.gov FILED

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8 If the management structure ha	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. DO NOT 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	e box to indicate no change X			
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: CHECK ONE BOX ONLY					
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			
	J. Garrett Van Osdell	10/01/2025			
Signature of Authorized Person	Cart Child				