

# State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

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

Limited	Liability	Company
	of Amen	

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

Λ	וטו־	
	ואו־	

The name of the limited liability company is It's My Health Wellcare Collaborative, LLC

If the name is changing, state the new name: It's My Health Wellcare Collaborative, LLC

#### **ARTICLE II**

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

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

No. and Street:

1099 MENDON ROAD

City or Town:

**CUMBERLAND** 

State: RI

Zip: 02864

Country: <u>USA</u>

If the company duration is changing, so state: X Perpetual

If the company purpose is changing, so state:

## WELLNESS CONSULTING SERVICES

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

X Members or

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

If there are any other provisions to be amended, so state:

### **ARTICLE III**

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not prior to, nor more than 30 days after, the filing of these Articles of Amendment), is:

Later Effective Date: 11/6/2014

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 6 Day of November, 2014 at 2:05:43 PM by the Authorized Person.

MARIE A. BOUVIER-NEWMAN

It's My Health Wellcare Collaborative, LLC

Form No. 401 Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations All Rights Reserved



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

