



**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
Articles of Amendment**

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

ARTICLE I

The name of the limited liability company is MEDport LLC

If the name is changing, state the new name: WCM, 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: 23 ACORN STREET

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

If the company duration is changing, so state: ☒ Perpetual ☐

If the company purpose is changing, so state:

CONSUMER HEALTH CARE PRODUCTS

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	BRIAN CAREY	23 ACORN STREET PROVIDENCE, RI 02903 USA
MANAGER	CHARLES MIGA	23 ACORN STREET PROVIDENCE, RI 02903 USA
MANAGER	LARRY WESSON	23 ACORN STREET PROVIDENCE, RI 02903- USA

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:

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 4 Day of March, 2015 at 11:44:08 AM by the Authorized Person.

LARRY WESSON

MEDport LLC

Form No. 401
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

