

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	Com	pany
	of Amen		

Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)			
	ARTICLE I		
The name of the limited liability company is BENEFIT CHOICE LLC			
If the name is changing, state the new name: $\underline{M/Y Polaris LLC}$			
	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: 10 DOR PROVID	RANCE STREET, SUITE 524 DENCE	State: RI Zip: 02903 Country: USA	
If the company duration is changing, so state: X Perpetual			
If the company purpose is changing, so state:			
HOLDING COMPANY			
If the management of the limited liabilty company is changing, modify the following section:			
X 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	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:

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 17 Day of February, 2017 at 12:58:44 PM by the Authorized Person.

VINCENT J PASSANANTI

BENEFIT CHOICE LLC

Form No. 401 Revised 09/07

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