Si	ate of Rhode Island and Pr Office of the Secret		S Fee: \$50.00
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	s Services Street 04-2615	
Foreign Limited Liabi Amendment to Applic (Section 7-16-52 of the Gene		amended)	
	ARTICLE I		
The name of the limited lial	bility company is <u>PLA-FIT HEA</u>	LTH, LLC	
	nanging, state the new name: <u>PL</u>		
In the company's name is c	anging, state the new name. <u>1 L</u>	<u>A-IIII IILALIII, LLC</u>	
If the company is changing	its elected name in the State of Rh	ode Island, state the new	name:
	ARTICLE II		
	cation for registration were inaccura ble, a change made in Article I:	te when made or a chang	e has occurred as
If the company duration is	changing, so state: <u>X</u> Perpetual		
If the address of the princip	al office of the limited liability comp	any is changing, so state:	
No. and Street: 4 LIB	ERTY LANE WEST		
		te: <u>NH</u> Zip: <u>03842</u>	Country: <u>USA</u>
If the mailing address of the	e limited liability company is chang	ng, so state:	
No. and Otreats 4 LID			
No. and Street: <u>4 LIBERTY LANE WEST</u> City or Town: <u>HAMPTON</u> State: <u>NH</u> Zip: <u>03842</u> Country: <u>U</u>		Country: <u>USA</u>	
If the management of the li	nited liabilty company is changing,	modify the following section	on.
C C			
Members or X_	Managers (check one)		
The name and address of e	ach manager (If LLC is managed by Me	mbers, DO NOT complete this s	section):
Title	Individual Name	Addre	ess
MANAGER	First, Middle, Last, Suffix CHRISTOPHER RONDEAU	Address, City or Town, Sta	
		4 LIBERTY LANE WEST HAMPTON, NH 03824 USA	
	o Application for Registration is to b	•	to, nor more than 30
dove ofter the filing of this /	Amendment to Application for Regis	tration	

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 30 Day of June, 2017 at 12:47:46 PM by the Authorized Person.

KOLBIE MCCABE

PLA-FIT HEALTH, LLC

Form No. 451 Revised 09/07

 $\textcircled{\mbox{\sc c}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved