



**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 STEPHANIE HARTSELLE, MD, LLC

If the name is changing, state the new name: Hartselle & Associates 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 ELMGROVE AVE

2R

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

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

If the company purpose is changing, so state:

PSYCHIATRY AND PSYCHOTHERAPY MEDICAL SOLO PRACTICE. ONE EMPLOYEE
AND
OWNER -STEPHANIE L. HARTSELLE, MD.

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

 Members or X 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	STEPHANIE LYNN HARTSELLE	10 ELMGROVE AVE PROVIDENCE, RI 02906 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 3 Day of November, 2017 at 3:35:22 PM by the Authorized Person.

STEPHANIE HARTSELLE

STEPHANIE HARTSELLE, MD, LLC

Form No. 401
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved