

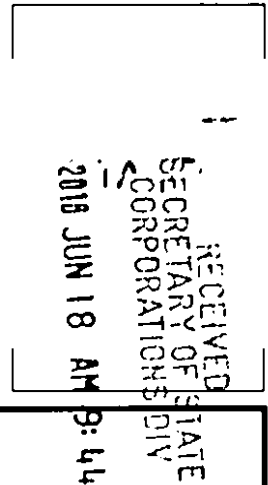


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



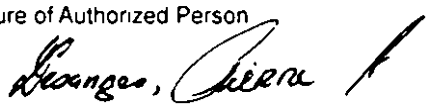
Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: <div style="font-size: 1.5em; font-family: cursive;">1685412</div>	2. The name of the limited liability company is: <div style="font-size: 1.5em; font-family: cursive;">BrainGA, LLC</div>
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Partnership or <input checked="" type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUN 18 2018
 BY *[Signature]* 26411854
 9:44

MANAGER	ADDRESS
Pierre A. Desanges	33 Allendale Ave , North Providence , RI 02911
Check the box to indicate no change <input type="checkbox"/>	
8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate no change <input type="checkbox"/>	
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.	
10. Date when these Articles of Amendment will be effective. CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Limited Liability Company	Date
BRAINFA, LLC	6/18/18
Signature of Authorized Person  SIGN DOCUMENT HERE	



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:

June 18, 2018 09:44 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

