

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

SECRETARY OF STORPORATIONS I

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

| 1. Entity ID Number: | 2. The name of the limited liability company is: | . [7] | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------|--|
| 001339352 | Almeida Consulting, LLC | | |
| 3. If the entity's name is changing, state the new name: | | | |
| | | Check the box to indicate no change | |
| 4. If the principal office address of the entity is changing, complete the 423 Hope Street Unit N Bristol, RI 02809 following section: | | | |
| Tanoming accitors. | | Check the box to indicate no change | |
| 5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY | | | |
| Perpetual (on-going) | | | |
| Date certain for dissolution | | Check the box to indicate no change 🗸 | |
| 6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY | | | |
| Partnership or | | | |
| A corporation or | | | |
| Disregarded as an entity separate from its member(s) | | | |
| | | Check the box to indicate no change | |
| 7. If the management structure is cl | hanging, complete the following section: | | |
| The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY | | | |
| Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) | | | |
| 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.n.gov

AUG 1 5, 2018

FORM 401 - Revised 11/2017

| MANAGER | ADDRESS | |
|---------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|
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| • | | |
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| | | |
| | | Check the box to indicate no change |
| 8. If adding or amending addition | nal provisions, complete the following section: | |
| | | |
| | | |
| | | |
| | | |
| | | Check the box to indicate no change |
| 9. As required by RIGL 7-16-67, | the entity has paid all fees and taxes. | |
| 10. Date when these Articles of A | mendment will be effective: CHECK ONE BO | CONLY |
| Date received (Upon filing) | | |
| | ust he se more than 20 days from the date of t | line) |
| Later effective date (Date in | ust be no more than 30 days from the date of t | |
| | e and affirm that I have examined these Article that all statements contained herein are true a | |
| Type or Print Name of Limited Liabili | · · · · · · · · · · · · · · · · · · · | Date |
| Almeida Consulting, LLC | | 8/10/2018 |
| Signature of Authorized Person | SGN SCOUMENT HERE | |