



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 Nursing Placement Respiratory & Medical Supply Services, LLC

If the name is changing, state the new name: Nursing Placement Respiratory And Medical Supply Services, 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:

City or Town:

State:

Zip:

Country:

If the company duration is changing, so state: Perpetual

If the company purpose is changing, so state:

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

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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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 90 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 11 Day of January, 2019 at 3:44:14 PM by the Authorized Person.

STEPHEN M. LITWIN

Nursing Placement Respiratory & Medical Supply Services, LLC

Form No. 401
Revised 09/07

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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:

January 11, 2019 03:43 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

