



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Articles of Amendment
 DOMESTIC Non-Profit Corporation
 → Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-40, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 1684335	2. The name of the corporation is: Whole Brain Learning
3. If the entity's name is changing, state the new name: Tilo	
Check the box to indicate no change <input type="checkbox"/>	
4. If the period of its duration is changing complete the following section. CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.	
Check the box to indicate an attachment <input type="checkbox"/>	
Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the number of directors is increasing or decreasing (not less than 3 directors), state the number of directors in this section:	
*List ALL directors as of this amendment	
NAME	ADDRESS
Check the box to indicate an attachment <input type="checkbox"/>	
Check the box to indicate no change <input checked="" type="checkbox"/>	

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

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 BY KL H636F
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7. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

8. The amendment was adopted in the following manner: **CHECK ONE BOX ONLY**

- The amendment was adopted at a meeting of the members held on _____, at which meeting a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- The amendment was adopted by a consent in writing on _____, signed by all members entitled to vote with respect thereto.
- The amendment was adopted at a meeting of the Board of Directors held on July 25, 2019, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

9. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- 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 the Name of the Non-Profit Corporation

Whole Brain Learning, dba Tilo

Type or Print Name of the President OR Vice President

Isik Quadros

Date

10-11-19

Signature of President OR Vice President

Isik Quadros SIGN DOCUMENT HERE

Type or Print Name of the Secretary OR Assistant Secretary

Tara E. Quadros

Date

10-11-19

Signature of the Secretary OR Assistant Secretary

Tara E. Quadros SIGN DOCUMENT HERE

TWO SIGNATURES ARE REQUIRED



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:

October 21, 2019 12:06 PM

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

Nellie M. Gorbea
Secretary of State

