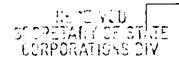


State of Rhode Island and Providence Plantations
Department of State - Business Services Division



## Articles of Amendment

2020 JAN 13 PM 2: 49 STALIP

· . . . .

DOMESTIC Limited Liability Company

→Filing Fee: \$50.00

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:			
000787662	PIONEER INVESTMENTS LLC			
3. If the entity's name is changing, state the new name:				
	Check the box to indicate no change 🗹			
<ol> <li>If the principal office address of the entity is changing, complete the following section:</li> </ol>				
	Check the box to indicate no change 🗸			
5. If the period of duration is changing	ng, 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 changi	ng, complete the following section: CHECK ONE BOX ONLY			
Partnership <b>or</b>				
A corporation <b>or</b>				
✓ Disregarded as an entity separate from its member(s)				
	Check the box to indicate no change			
7. If the management structure is cl	nanging, complete the following section:			
The Limited Liability Company is to	be managed by. CHECK ONE BOX ONLY			
Its member(s) (If you have che	ecked this box, skip to Section 7. DO NOT fill out the chart below.)			
	f the limited liability company has manager(s) at the time of the filing of these Articles 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

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MANAGER	ADDRESS		····
			<u> </u>
			Check the box to indicate no change 🗹
9 As required by RICL 7	-16-67, the entity has paid a	all face and tayon	Check the box to indicate no change 🗸
	les of Amendment will be effected as the second sec		
Date received (Upon	· · · · · · · · · · · · · · · · · · ·	CHECK ONE BU	
Later effective date (I	Date must be no more than	90 days from the date of	filing)
	l declare and affirm that I ha ts. and that all statements c		es of Amendment, including any and correct.
Type or Print Name of Limite	d Liability Company		Date
PIONEER INVESTMENTS LLC			1/10/2020
Signature of Authorized Pers			



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 13, 2020 02:49 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

