

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

ARTICLE I	
The name of the limited liability company is Feel Good LLC	
If the name is changing, state the new name: Feel Good LLC	
ARTICLE II	
The Articles of Organization of the limited liability company as amended or restated to date are as follow including, if applicable, a change made in Article I:	/S,
If the address of the principal office of the limited liability company is changing, so state:	
No. and Street: 7 BELLEVUE AVENUE City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA	<u>1</u>
If the company duration is changing, so state: X Perpetual	
If the company purpose is changing, so state:	
HEALTH & WELLNESS	
If the management of the limited liabilty company is changing, modify the following section:	
X 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 Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Cou	itry

If there are any other provisions to be amended, so state:

CHANGING THE ENTITY STATUS FROM PARTNERSHIP TO DISREGARDED ENTITY, SOLE MEMBER LLC.

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: 2/25/2020

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 25 Day of February, 2020 at 9:24:18 AM by the Authorized Person.

ASHLEY COTE

Feel Good LLC

Form No. 401 Revised 09/07

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