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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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2020 FEB 26 13:08p

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

Entity ID Number:	2. The name of the limited liability company is:		
001698658	Practical Threat Solutions, LLC		
3. If the entity's name is changing state the new name:	eg,		
		Check the box to indicate no change	
4. If the principal office address the entity is changing, complete following section:			
		Check the box to indicate no change 🔽	
5. If the period of duration is cha	inging, 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 cha	nging, complete the following section	CHECK ONE BOX ONLY	
Partnership <b>or</b>			
A corporation or			
Disregarded as an entity separate from its member(s)		Check the box to indicate no change	
7. If the management structure i	s changing, complete the following se	ection:	
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. <b>DO NOT</b> fill out the chart below.)			
	s) (If the limited liability company has ame and address of each manager or	manager(s) at the time of the filing of these Articles 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

FEB **26** 2020 BY<u>CU 0910</u>J

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MANAGER	ADDRESS		
MANAGER	ADDRESS		
ALLEN E SPIVER	59 STEERE DRIVE, JOHNSTON, RI 02919, USA		
JOSEPH IANNUCCI	55 ELMCROFT AVENUE, PROVIDENCE, RI 02908, USA		
TIMOTHY BAXTER	12 SPUR ROAD, FOSTER, RI 02825, USA		
KENNETH VINACCO	75 SHUN PIKE, NORTH SCITUATE, RI 02857, USA		
	Check	the box to indicate no change	
		k the box to indicate no change 🗸	
	57, the entity has paid all fees and taxes.		
10. 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 90 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 Name of Limited Lial	bility Company	Date	
PRACTICAL THREAT SOLUTIONS, LLC		FEBURARY 26, 2020	
Signature of Avalhorized Person	SIGH BOO'JMEN HERE		

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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:

February 26, 2020 03:08 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

