



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Amendment to Application for Registration**

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is Purple Shield Medical, LLC

If the company's name is changing, state the new name: Purple Shield Medical, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

**ARTICLE II**

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: X Perpetual     

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 3649 POST RD  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 3649 POST RD  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

If the management of the limited liability 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, Country |

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date: 6/6/2021

*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 4 Day of June, 2021 at 12:22:02 PM by the Authorized Person.**

JOSEPH MOSS

Purple Shield Medical, LLC

Form No. 451  
Revised 09/07

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State of Rhode Island

**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,  
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:

June 04, 2021 12:18 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*

