



State of Rhode Island
Department of State - Business Services Division

Articles of Amendment
DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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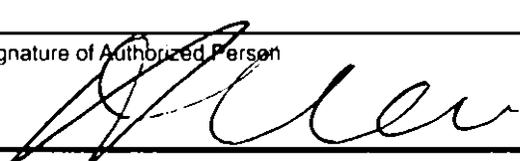
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Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 104901V	2. The name of the limited liability company is: Trivedi Medical, LLC
3. If the entity's name is changing, state the new name: <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
4. If the principal office address of the entity is changing, complete the following section: 52 Harwich Rd, Providence, RI 02906 <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name 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
Check the box to indicate no change <input checked="" type="checkbox"/>	
8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.	
10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Limited Liability Company	Date
Trivedi Medical LLC	July 10, 2021
Signature of Authorized Person	
	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

July 15, 2021 02:02 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

