

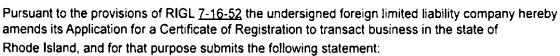
State of Rhode Island

Department of State - Business Services Division

Amendment to Application for Registration

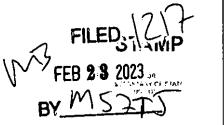
FOREIGN Limited Liability Company

→Filing Fee: \$50.00



1. Entity ID Number:	2. The name of the limited liability company is:			
000535781	Perspecta Enterprise Solutions LLC			
3. If the entity's name is changing, state the new name:	PERATON ENTERPRISE SOLUTIONS LLC			
	Check the box to indicate no change			
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island i				
4. If the period of duration has char	nged in the home state, complete the following section: CHECK ONE BOX ONLY			
Perpetual (on-going)				
Date certain for dissolution	Check the box to indicate no change			
 If the required address of the offi the following section: 	ce to be maintained in the state or country of its organization has changed, complete Check the box to indicate no change 🔀			
6. If the mailing address is changing complete the following section:				
	Check the box to indicate no change			
7. If the entity's purpose is changin transacted in the State of Rhode Island	g complete the following section: *The new purpose should include ALL activity to be			
Check the box to indicate an attach	ment Check the box to indicate no change			
MAIL TO: Division of Business Services				

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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8. If the management structure has changed, complete the following section:				
· · · · · · · · · · · · · · · · · · ·	o be managed by: CHECK ONLY ONE BOX			
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
	· · ·	<u> </u>		
	<u> </u>			
·				
	Letter Check the	box to indicate no change		
9. As required by RIGL <u>7-16-67</u> , the limited liability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
X 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 this Amendment to the Application for Registration,				
including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability Company		Date		
James M. Winner		2/21/23		
Signature of Authorized Person				

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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

February 23, 2023 12:17 PM

Treng M. Course

Gregg M. Amore Secretary of State

