



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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R.I. DEPT. OF STATE  
BUS SVCS DIV  
**STAMP**  
2023 MAR 31 P 2:38

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:  001753719	2. The name of the limited liability company is:  ZBDA LLC
3. If the entity's name is changing, state the new name:  Old Colony CrossFit LLC  Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section:  1 San Antonio Way, Pawtucket, RI 02860  Check the box to indicate no change <input type="checkbox"/>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>  <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>  <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section:  The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b>  <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> 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

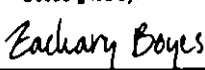
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

2:39

FILED  
MAR 31 2023  
BY MLJ 7325

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: <b>CHECK ONE BOX ONLY</b>		
<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) _____		
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.		
Name of Authorized Person	Street Address	
Zachary Boyes	52 Quaker Drive	
City/Town	State	Zip Code
West Warwick	RI	02893
Signature of Authorized Person		Date
DocuSigned by: 		03/31/2023

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March 31, 2023

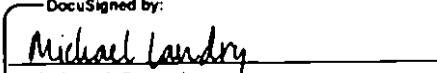
State of Rhode Island Department of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904

***Re: Old Colony CrossFit LLC - Consent To Use Name***

Dear Madam/Sir:

In connection with the filing of an Articles of Amendment to Articles of Organization for Domestic Limited Liability Company to be filed by ZBDA LLC (the "LLC"), the undersigned, as Manager of Old Colony CrossFit LLC, a Rhode Island limited liability company, hereby requests to change their name, and hereby consents to the use of the name "Old Colony CrossFit LLC" by the LLC in Rhode Island.

**Old Colony CrossFit LLC**

By:   
Name: Michael Landry  
Title: Manager