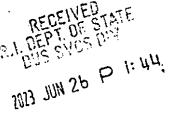


Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



STAMP

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: 2. The name of the limited liability company is: Oonuan LLC 1742052 3. If the entity's name is changing. Newport Yacht Support LLC state the new name: Check the box to indicate no change 4. If the principal office address of the entity is changing, complete the following section: Check the box to indicate no change 5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution Check the box to indicate no change <a> If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY Partnership or A corporation or Disregarded as an entity separate from its member(s) Check the box to indicate no change 7 If the management structure is changing, complete the following section: 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 DO NOT fill out the chart below) 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 FILED STAGE
JUN 26 2023 1:44

BY 68T68

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MANAGER	ADDRESS			
Jade Gilchrist	47 Wood Ave Suite 2 Barrington RI 02806			
		· ·		
	Check the box to indicate no change			
8. If adding or amending additional provisions, complete the following section:				
Check the box to indicate no change ✓				
9. As required by RIGL <u>7-16-67</u> , 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.				
Name of Authorized Person Jade Gilchrist		Street Address 444 Black Point Lane		
City/Town Portsmouth		State RI	Zip Code 02871	
Signature of Authorized Person			Date 6-22-23	
Jadans L			0-22-20	