



**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

**Limited Liability Company  
Articles of Amendment**

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is Caring Path Home Health Services LLC

If the name is changing, state the new name: Caring Path Home Health Services LLC

**ARTICLE II**

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

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

No. and Street: 135 ATWOOD AVE SUITE #2

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

If the company duration is changing, so state: ☒ Perpetual ☐

If the company purpose is changing, so state:

HOME CARE AGENCY

If the management of the limited liability company is changing, modify the following section:

☐ 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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	IVEL PARRA	68 LAWN AVE WARWICK, RI 02888 USA
MANAGER	TATIANA ECOLASTICO	135 ATWOOD AVE SUITE #2 CRANSTON, RI 02920 USA

If there are any other provisions to be amended, so state:

### ARTICLE III

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not prior to, nor more than 90 days after, the filing of these Articles of Amendment), is:

Later Effective Date:

*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 25 Day of August, 2023 at 5:13:17 PM by the Authorized Person.**

TATIANA ECOLASTICO

Caring Path Home Health Services LLC

Form No. 401  
Revised 09/07

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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:

August 25, 2023 05:10 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

