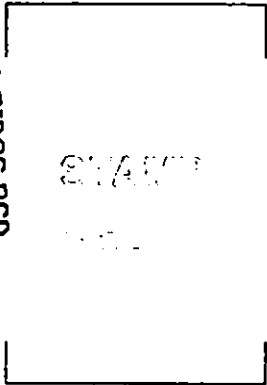




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23 DEC 26 PM 2:48:45



Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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: <div style="font-size: 24px; font-family: cursive;">1743925</div>	2. The name of the limited liability company is: <div style="font-size: 18px; font-weight: bold;">PROVEN GRIT LLC</div>
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section:	<div style="font-weight: bold;">23 SUNSET AVE</div> <div style="font-weight: bold;">West Warwick</div> <div style="font-weight: bold;">RI 02893</div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>
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 _____	
Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input checked="" type="checkbox"/> Disregarded as an entity separate from its member(s)	
Check the box to indicate no change <input type="checkbox"/>	
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.)	

MS 248

FILED

DEC 26 2023

BY 1104

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MANAGER	ADDRESS

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 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**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) 12/31/2023

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 ZACHARIAH ROLLINS		Street Address 23 SUNSET AVE West Warwick RI 02893	
City/Town West Warwick		State RI	Zip Code 02893
Signature of Authorized Person 			Date 12/19/23