



**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 Shoreline Cognitive Behavioral Therapy and Coaching (Shoreline CBT) LLC

If the name is changing, state the new name: Shoreline Cognitive Behavioral Therapy and Coaching (Shoreline CBT) 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: 91 POINT JUDITH ROAD, STE 26, UNIT 313

City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

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

If the company purpose is changing, so state:

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
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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 11 Day of April, 2024 at 11:21:58 AM by the Authorized Person.**

DOROTHY SKIERKOWSKI-FOSTER

Shoreline Cognitive Behavioral Therapy and Coaching (Shoreline CBT) 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:

April 11, 2024 11:20 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

