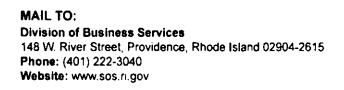
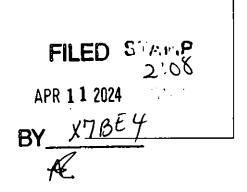
State of Rhode Island Department of State - Business Services Division Articles of Amendment DOMESTIC Limited Liability Company	REC'D RIDOS BSD 24 APR 11 PM2:08:08	STAN		
→ Filing Fee: \$50.00	80	LE RETAR / OF STETL		
Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:1. Entity ID Number: 0017672942. The name of the limited liability company is: Brown & Brown & Event	Plan	ning LLC		
3. If the entity's name is changing, state the new name: B&BEVENTPlanning_LLC_Check the box to indicate no change				
4. If the principal office address of the entity is changing, complete the following section:	e box to ind	licate 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	e box to ind	icate no change		
6. 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 th	e box to ind	licate 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.)				





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MANAGER	ADDRESS			
	· · · · · · · · · · · · · · · · · · ·			
		-		
		Check the	box to indicate no change	
8. If adding or amending addition	al provisions, complete the f	following section:		
	•	-		
			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)				
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		
Name of Authorized Person Malh B Malkis Brown 38 Wewlight Street				
City/Town		State	Zip Code	
West Warwi	ick	RI	02893	
Signature of Authorized Person			Date	
Malh B			Date Apr 11,2024	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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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 02:08 PM

Treng M. Course

Gregg M. Amore Secretary of State

