



**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 Strides Behavioral Services, LLC

If the name is changing, state the new name: Strides Behavioral 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: 600 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

If the company purpose is changing, so state:

STRIDES BEHAVIORAL SERVICES HELPS THE INDIVIDUAL IMPROVE SOCIAL INTERACTIONS, LEARN NEW SKILLS, AND MAINTAIN POSITIVE BEHAVIORS. ABA THERAPY APPLIES THE UNDERSTANDING OF HOW BEHAVIOR WORKS IN REAL SITUATIONS. THESE SERVICES ARE FOCUSED ON CHILDREN WITH A DIAGNOSIS OF AUTISM BUT CAN BE APPLIED TO OTHER BEHAVIORAL ISSUES.

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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MANAGER	THOMAS DILLON	26 ANNE C HOLST CT WARWICK, RI 02886 USA
MANAGER	RACHAEL RUDLOFF	124 TEAKWOOD DR W COVENTRY, RI 02816 UNI

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 17 Day of April, 2024 at 4:03:03 PM by the Authorized Person.

THOMAS J DILLON

Strides Behavioral 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:

April 17, 2024 04:01 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

