



**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

Foreign Limited Liability Company

Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is Novella Healthcare Services, PLLC

If the company's name is changing, state the new name: Novella Healthcare Services, PLLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

Novella Healthcare Services, LLC

ARTICLE II

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

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

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

No. and Street: 1111B S. GOVERNORS AVENUE
SUITE 3887

City or Town: DOVER State: DE Zip: 19904 Country: USA

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

No. and Street: 1111B S. GOVERNORS AVENUE
SUITE 3887

City or Town: DOVER State: DE Zip: 19904 Country: USA

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 | ANDREW WAGNER | 1111B S. GOVERNORS AVENUE, SUITE 3887 DOVER, DE 19904 USA |
|---------|---------------|--|

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

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 9 Day of May, 2024 at 10:25:12 AM by the Authorized Person.

ANDREW WAGNER, M.D.

Novella Healthcare Services, PLLC

Form No. 451
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:

May 09, 2024 10:22 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

