RI SOS Filing Number: 202456971420 Date: 6/18/2024 10:40:00 AM



Articles of Amendment

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State of Rhode Island Department of State - Articles of Amendment	- Business Services Division	REC'D RIDOS BSD '24 JUN 18 AH10:40:44
DOMESTIC Limited Liability C	ompany	දිලි
→ Filing Fee: \$50.00		B
Pursuant to the provisions of RIGL 7 amends its Articles of Organization a	7 <u>-16-12</u> the undersigned limited liability comass follows:	pany hereby
1. Entity ID Number:	2. The name of the limited liability compar	ıy is:
001771997	THE COLLECTIVE SPS LLC	
3. If the entity's name is changing, state the new name:		
		Check the box to indicate no change 🗹
 If the principal office address of the entity is changing, complete the following section: 	92 Academy Ave, Providence, R	hode Island 02908
		Check the box to indicate no change
5. If the period of duration is chang	ing, complete the following section: CHECK	
Perpetual (on-going)		
Date certain for dissolution		Check the box to indicate no change ✓
6. If the entity's tax status is changi	ing, complete the following section: CHECK	
Partnership or		
A corporation or		
Disregarded as an entity sepa	rate from its member(s)	Check the box to indicate no change 🗹
7. If the management structure is c	hanging, complete the following section:	
The Limited Lightlity Company is to	he managed by CHECK ONE BOX ONLY	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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.)

of Amendment, state the name and address of each manager on the next page.)

One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FORM 401 - Revised: 12/2021

MANAGER	ADDRESS		
_			
0.16		Check the box to indicate an	ahaa 🔽
8. If adding or amending	additional provisions, complete the following	Check the box to indicate no section:	change [
		•	
		Check the how to indicate an	. [72]
9. As required by RIGL 7	16-67, the entity has paid all fees and taxes	Check the box to indicate no	o change 🗸
9. As required by RIGL <u>7</u> 10. Date when these Artic	16-67, the entity has paid all fees and taxes les of Amendment will be effective: CHECK		change 🗹
TO. Date when these Artic	les of Amendment will be effective: CHECK		o change 🗹
Date when these Artic	les of Amendment will be effective: CHECK filing)	ONE BOX ONLY	o change 🗹
Date when these Artic Date received (Upon Later effective date (I	les of Amendment will be effective: CHECK filing) Date must be no more than 90 days from the	ONE BOX ONLY date of filing)	o change 🗸
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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:

June 18, 2024 10:40 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

