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State of Rhode Island
Department of State - Business Services Division

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## **Amendment to Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

	7-16-52 the undersigned foreign limited liability company hereby	
	cate of Registration to transact business in the state of	
Rhode Island, and for that purpose	submits the following statement:	
Entity ID Number:	2. The name of the limited liability company is:	
001672132	MGT of America Consulting, LLC	
3. If the entity's name is changing,		<del>.</del>
state the new name:	MGT Impact Solutions, LLC	
	Check the box to indic	cate no change
3a. The entity's name, if different,		
under which it proposed to registe transact business in Rhode Island	d is:	
4. If the period of duration has cha	anged in the home state, complete the following section: CHECK ONE	BOX ONLY
Perpetual (on-going)		·
Date certain for dissolution _	Object the best As in the	
	Check the box to indi	
<ol> <li>If the required address of the of the following section:</li> </ol>	office to be maintained in the state or country of its organization has cha	anged, complete
the following decitors.		
	Check the box to indi	cate no change 📝
6. If the mailing address is changing	Check the box to indi	cate no change 🗹
6. If the mailing address is changing		cate no change 🗹
6. If the mailing address is changi		cate no change 🗹
6. If the mailing address is changi		- 199 41
7. If the entity's purpose is changing	ing complete the following section:  Check the box to inditing complete the following section: *The new purpose should include ALL	cate no change 🗹
, , , , , , , , , , , , , , , , , , ,	ing complete the following section:  Check the box to inditing complete the following section: *The new purpose should include ALL	cate no change 🗹
7. If the entity's purpose is changing	ing complete the following section:  Check the box to inditing complete the following section: *The new purpose should include ALL	cate no change 🗹
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MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2815

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

8. If the management structure has changed, complete the following section:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
Its member(s) (If you have checked this box, skip to Section 9. <b>DO NOT</b> fill out the chart 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 this Amendment to the Application for Registration, state the name and address of each manager.)				
MANAGER	ADDRESS			
A. Trey Traviesa	4320 West Kennedy Boulevard, Suite 200, Tam	pa, FL 33609		
Philip Alphonse	4320 West Kennedy Boulevard, Suite 200, Tampa, FL 33609			
		- 8 *		
Check the box to indicate no change				
9. As required by RIGL <u>7-16-67</u> , the limited liability company has paid all fees and taxes.				
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration 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 this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability Company		Date		
MGT of America Consulting, LLC		August <u>16,</u> 2024		
Signature of Authorized Person				

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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:

August 20, 2024 02:58 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

