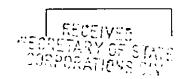


## State of Rhode Island Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby



## **Amendment to Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2024 AUG 29 FPM 3: 34

amends its Application for a Certific Rhode Island, and for that purpose	ate of Registration to transact business in the state of submits the following statement.		
1. Entity ID Number:	2. The name of the limited liability company is:		
001760815	Nature's Classroom New England, LLC		
3. If the entity's name is changing, state the new name:	Outdoor Classroom, LLC		
	Check the box to indicate no change		
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island			
	nged in the home state, complete the following section: CHECK ONE BOX ONLY		
Perpetual (on-going)			
Date certain for dissolution	Check the box to indicate no change		
5. If the required address of the off the following section:	fice to be maintained in the state or country of its organization has changed, complete		
	Check the box to indicate no change		
6. If the mailing address is changing complete the following section:			
7. If the entity's purpose is changing	Check the box to indicate no change  ag complete the following section: *The new purpose should include ALL activity to be		
transacted in the State of Rhode Islam			
Check the box to indicate an attac	hment Check the box to indicate no change 🗹		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

STARIP

AUG 29 2024

ECRM 451 Revised 12/2023

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		
		<del></del>	
<u></u>			
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			
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		Date	
Peter Ross, Manager		8/24/2024	
reter Noss, Ivianager			
Signature of Authorized Person Docusigned by:			
Peter T. Ross			
[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			