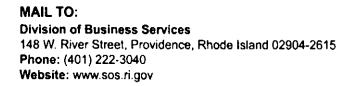
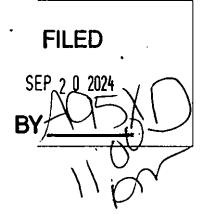
State of Rhode Island Department of State	- Business Services Division			
Articles of Amendment DOMESTIC Limited Liability Company → Filing Fee: \$50.00		RECEIV R. I. DEPT. OF BUS SVCS		
Pursuant to the provisions of RIGL <u>7-16-12</u> the undersigned limited liability company he amends its Articles of Organization as follows:		P USU		
1. Entity ID Number:	2. The name of the limited liability company is:	0		
001755938	HipMe LLC			
3. If the entity's name is changing, state the new name: Check the box to indicate no change				
4. If the principal office address of the entity is changing, complete the 47 Niblick Circle, Coventry, RI 02816 following section: Check the box to indicate no change				
5. If the period of duration is chang	ing, complete the following section: CHECK ONE BOX			
Perpetual (on-going)	Check t	he box to indicate no change 🔽		
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY				
Partnership or A corporation or Disregarded as an entity separate from its member(s)				
	Check t	he box to indicate no change 🖌		
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. <b>DO NOT</b> fill out the chart below.)				
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)				



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MANAGER	ADDRESS	· · · · · · · · · · · · · · · · · · ·		
			····	
		Check the	box to indicate no change	
8. If adding or amending additional provisions, complete the following section:				
Check the box to indicate no change 9. As required by RIGL <u>7-16-67</u> , the entity has paid all fees and taxes.				
10. Date when these Articles of Amendment 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 these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.				
Name of Authorized Person		Street Address		
Kristine Christensen		47 Niblick Circle		
City/Town		State	Zip Code	
Coventry		RI	02816	
Signature of Authorized Person		Date		
An Carl		9/17/2024		

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:

September 20, 2024 11:00 AM

Areg M. Couve

Gregg M. Amore Secretary of State

