



State of Rhode Island  
Department of State - Business Services Division

**Articles of Amendment**  
DOMESTIC Limited Liability Company  
→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2024 OCT -3 AM 11:39

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: <b>001750080</b>	2. The name of the limited liability company is: <b>Therapy with Juliann, LLC</b>
3. If the entity's name is changing, state the new name: <b>A Healing Place, LLC</b> Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section: Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or _____ <input type="checkbox"/> Disregarded as an entity separate from its member(s) Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Its member(s) (if you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input type="checkbox"/> 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.)	

**FILED**

OCT 03 2024  
BY **SDZ49**  
*[Handwritten signature]*

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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

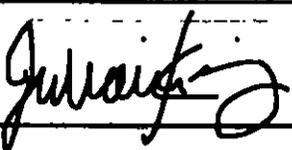
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

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 Juliann King		Street Address 371 PUTNAM PIKE STE 230 #1001	
City/Town Smithfield	State Rhode Island	Zip Code 02917	
Signature of Authorized Person 			Date 10/01/2024



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:

October 03, 2024 11:39 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

