RI SOS Filing Number: 202563430430 Date: 1/29/2025 11:48:00 AM



KEO'D RIDOS 850 25 JAN 23 AM 11:48:06

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Entity ID Number.	2. The name of the limited liability of	company is:
001684568	Rhode Island Grows, LL	С
3. If the entity's name is cha state the new name:	anging.	
		Check the box to indicate no change
 If the principal office addithe entity is changing, compfollowing section: 		
		Check the box to indicate no change
5. If the period of duration is	s changing, complete the following section:	CHECK ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolu	ution	Check the box to indicate no change
6. If the entity's tax status is	s changing, complete the following section:	
Partnership or		
A corporation or		
Disregarded as an enti	ity separate from its member(s)	
		Check the box to indicate no change 🗹
7. If the management struct	ture is changing, complete the following sec	tion:
		KONIY
The Limited Liability Compa	any is to be managed by: CHECK ONE BO	N ORLI
	any is to be managed by: CHECK ONE BOX have checked this box, skip to Section 7. DC	

MAIL TO:

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

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

FORM 401 - Revised: 12/2023

FILED 148

MANAGER	1000000			
MANAGER	ADDRESS			
AGRILOGIC LIFE - Sciences U	1 ARNOLD PLACE, E	xeter, RHODE ISLAND 0	2822	
SCIENCES LLG.				
			box to indicate no change	
8. If adding or amending additional provisions, complete the following section: AGRILOGIC LIFE SCIENCES LLC shall replace AGRILOGIC, LLC ID 00175406 as the Manager.				
		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	st be no more than 90 days fr	rom 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		
Timothy A. Schartner		1 Arnold Place		
City/Town		State	Zip Code	
Exeter		Rhode Island	02822	
Signature of Apphorized Person Mothy Charles				

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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:

January 29, 2025 11:48 AM

Gregg M. Amore Secretary of State

Treg M. Coure

