RI SOS Filing Number: 202569241210 Date: 4/4/2025 12:07:00 PM



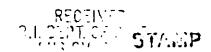
State of Rhode Island

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



2025 /23 -4 P (2: 07

Pursuant to the provisions of RIGL amends its Articles of Organization	7-16-12 the undersigned limited liabilias follows:	lity company hereby	
1. Entity ID Number:	2. The name of the limited liability company is:		
001785549	Optimized Properties, 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			
following section:		Check the box to indicate no change	
5. If the period of duration is chan	ging, complete the following section:	CHECK ONE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolution _		Check the box to indicate no change 📝	
6. If the entity's tax status is chan-	ging, complete the following section:	CHECK ONE BOX ONLY	
Partnership or			
A corporation or			
Disregarded as an entity separate from its member(s)		Check the box to indicate no change 🗹	
7. If the management structure is	changing, complete the following se	ction:	
The Limited Liability Company is	to be managed by: CHECK ONE BC	X ONLY	
Its member(s) (If you have c	hecked this box, skip to Section 7. D	O NOT fill out the chart below.)	
One (1) or more manager(s) of Amendment, state the nar	(If the limited liability company has r me and address of each manager on	manager(s) at the time of the filing of these Articles the next page.)	

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APRO 4 2025 NOT

MANAGER	ADDRESS				
Matthew Morris	409 Albion Road, Lincoln, RI 02865				
		· · · · · · · · · · · · · · · · · · ·			
<u> </u>			Check the box to indicate no change		
8. If adding or amending addition	nal provisions, complete the	following section:			
			. (77		
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 declar accompanying attachments, and	re and affirm that I have exa I that all statements contain	amined these Articles o ed herein are true and	correct.		
Name of Authorized Person		Street Address			
Matthew Morris		409 Albion Road			
		State	Zip Code		
City/Town			02865		
Lincoln		RI	02865		
Signature of Authorized Person			Date		
			3/27/25		

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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:

April 04, 2025 12:07 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

