RI SOS Filing Number: 202576347020 Date: 6/26/2025 1:49:00 PM

State of Rhode Isla Department of S	nd State - Business Services Division
rticles of Amendm	ent
OMESTIC Business Corpor	
→ Filling Fee: \$50,00 (\$210	) for an increase in authorized shares)
ursuant to the provisions of ticles of Amendment to its Amendment	RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Incorporation:
. Entity ID Number:	2. The name of the corporation is:
000013073	Grimes Box Co., Inc.
by the board of directors of t	orporation (or, where no shares have been issued the corporation) in the manner prescribed by RIGL <u>7-1.2</u> June 20, 2025  June 20, 2025
<ol><li>If the entity's name is cha</li></ol>	nging,
<ol> <li>If the entity's name is cha state the new name:</li> </ol>	GB Company, Inc.
state the new name:	GB Company, Inc.  Check the box to indicate no change
state the new name:	GB Company, Inc.  Check the box to indicate no change  res are changing complete the following section: *List ALL authorized shares as of this amendmares  Class of Stock  Par Value Per Share
5. If the total authorized sha Total Authorized Sh (Number of Shares,	Check the box to indicate no change complete the following section: *List ALL authorized shares as of this amendment ares Class of Stock Par Value Per Share  Deep a statement of all or any of the designations and the power, preferences, and rights.
State the new name:  5. If the total authorized sha	GB Company, Inc.  Check the box to indicate no change [ res are changing complete the following section: *List ALL authorized shares as of this amendmares Class of Stock Par Value Per Share
Total Authorized Sh (Number of Shares,	Check the box to indicate no change res are changing complete the following section: *List ALL authorized shares as of this amendment ares Class of Stock Par Value Per Share  de a statement of all or any of the designations and the power, preferences, and rights, the qualifications, limitations, or restrictions of them which are permitted by the provisions of
5. If the total authorized sha  Total Authorized Sh  (Number of Shares,  If you desire, you may included including voting rights, and the RIGL 7-1.2.	Check the box to indicate no change res are changing complete the following section: *List ALL authorized shares as of this amendmares Class of Stock Par Value Per Share  de a statement of all or any of the designations and the power, preferences, and rights, he qualifications, limitations, or restrictions of them which are permitted by the provisions of
5. If the total authorized sha  Total Authorized Sh  (Number of Shares,  If you desire, you may including voting rights, and to RIGL 7-1.2.  State any provisions here (co	Check the box to indicate no change res are changing complete the following section: *List ALL authorized shares as of this amendmares Class of Stock Par Value Per Share  de a statement of all or any of the designations and the power, preferences, and rights, he qualifications, limitations, or restrictions of them which are permitted by the provisions of

MAIL TO:

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

Date certain for dissolution \_\_\_

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

Check the box to indicate no change

JUN 26 2025 BY (M) 18 1

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FORM 101-Revised 12/2023

7. If the entity's purpose's changing complete the following section: "The new pure transacted in the State of Rhode Island.	rpasa shauld includa ALL eclivity to be
Check the box to indicate an attachment	Check the box to indicate no change
8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment	Check the box to indicate no change
9. As required by RIGL 7-1,2-105, 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)	ing)
11. Under penalty of perjury. I declare and affirm that I have examined these Artic accompanying attachments, and that all statements contained herein are true and	les of Amendment, including any d correct.
Type or Print Name of Authorized Officer of the Corporationy	Date
Brian Grimes DALAA / // MMULT	June 20, 2025
Signature of Authorized Officer of the Corporation	

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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:

June 26, 2025 01:49 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

