State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $50.00

Limited Liability Company
Articles of Amendment

(Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is Thrive Point Recovery LLC

If the name is changing, state the new name: Thrive Point Recovery LLC

ARTICLE II

The Articles of Organization of the limited liability company as amended or restated to date are as follows, including, if applicable, a change made in Article I:

If the address of the principal office of the limited liability company is changing, so state:

No. and Street:

City or Town: State: Zip: Country:

If the company duration is changing, so state: X Perpetual __

If the company purpose is changing, so state:

If the management of the limited liabilty company is changing, modify the following section:

__ Members or X Managers (check one)

The name and address of each manager **(If LLC is managed by Members, DO NOT complete this section)**:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	FLORENCE FRANKLYN NANNOZI	125 CLIFFORD ST PROVIDENCE, RI 02903 USA
MANAGER	SUMAYAH NAMALE	125 CLIFFORD ST PROVIDENCE, RI 02903 USA
MANAGER	NAOMI BINTO	100 MATHEWSON ST PROVIDENCE, RI 02903 USA

If there are any other provisions to be amended, so state:

THE ENTITYS TAX STATUS IS CHANGING, FROM COOPERATION TO PARTNERSHIP

ARTICLE III

The effective date of this Amendment, if later than the date of the filing of these Articles of Amendment (not prior to, nor more than 90 days after, the filing of these Articles of Amendment), is:

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 21 Day of October, 2025 at 10:12:05 AM by the Authorized Person.

FLORENCE F NANNOZI

Thrive Point Recovery LLC

Form No. 401
Revised 09/07