

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2025 OCF 12 P A 9 51

FCR TRECTANT OF STATE

Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Fiting Fee: \$50.00

Pursuant to the provisions of RIGL				by
amends its Application for a Certific Rhode Island, and for that purpose			s in the state of	
1. Entity ID Number:	2. The name of the I		mpany is:	
001706326	NAKUPUNA SOL	UTION, LLC		
If the entity's name is changing, state the new name:	<u> </u>			
			Check the box	to indicate no change 📝
3a. The entity's name, if different, under which it proposed to registe transact business in Rhode Island				
4. If the period of duration has cha	inged in the home stat	e, complete the	following section: CHEC	K ONE BOX ONLY
Perpetual (on-going)				
Date certain for dissolution _			Check the box	x to indicate no change
5. If the required address of the of the following section:	fice to be maintained i	n the state or co		
The address of the updated prin 251 18th Street S, Suite 1100 Art		ig n fimited liabilit	y company in its jurisdi	ction of organization is:
			Check the box	to indicate no change
6. If the mailing address is changi	ng complete the follow	ing section:		
The address of the updated prin 251 18th Street S, Suite 1100 Arli		ign limited liabilit	y company in its jurisdi	ction of organization is:
			Check the box	to indicate no change 🔲
If the entity's purpose is changing transacted in the State of Rhode Islan	• ,	ing section: *The	new purpose should incl	ude ALL activity to be
Check the box to indicate an attac	hment		Check the bo	x to indicate no change

MAIL TO:

Division of Business Services

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

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

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8. If the management stru	cturê has changed, complete the following	ng section:
The Limited Liability Com	pany is to be managed by: CHECK ONL	Y ONE BOX
tts member(s) (If you	have checked this box, skip to Section 9	9. DO NOT fill out the chart on the next page.)
, , ,	nager(s) (If the limited liability company his Registration, state the name and addres	as manager(s) at the time of the filing of this Amendment is of each manager.)
MANAGER	ADDRESS	
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Check the box to indicate no change
	16-67, the limited liability company has p	
	lified, the original Application for Registra ith authority, by reference Into this Amen	tion continues in full force and effect and is hereby diment to the Application for Registration.
11. Date when this Ameri	dment to the Application for Registration	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)
	I declare and affirm that I have examined ing attachments, and that all statements	this Amendment to the Application for Registration, contained herein are true and correct.
Type or Print Name of Limite	Date	
NAKUPUNA SOLUTIONS, LLC		10/10/2025
Signature of Authorized Pers	 501	· J
Iason Greenawalt	7740	
	- marie	
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