RI SOS Filing Number: 201988000730 Date: 3/1/2019 2:16:00 PM



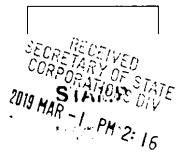
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→Filing Fee: \$50.00



| Pursuant to the provisions of RIGL 7 amends its Articles of Organization a | <u>7-16-12</u> the undersigned limited liability company hereb as follows: | y | | | |
|--|--|------------------------------------|--|--|--|
| 1. Entity ID Number: | 2. The name of the limited liability company is: | | | | |
| 061683613 | Mindfulness Matters 1. | 10 | | | |
| 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: | 3 | | | | |
| | Check | the box to indicate no change 🗹 | | | |
| 5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY | | | | | |
| Perpetual (on-going) | 10/1 0 0 | | | | |
| Date certain for dissolution | March 1 dol7 Check | the box to indicate no change | | | |
| 6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY | | | | | |
| Partnership or | | | | | |
| A corporation or | | | | | |
| Disregarded as an entity separate from its member(s) | | | | | |
| | | the box to indicate no change | | | |
| 7. If the management structure is changing, complete the following section: | | | | | |
| The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY | | | | | |
| Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) | | | | | |
| | If the limited liability company has manager(s) at the tire and address of each manager on the next page.) | ne of the filing of these Articles | | | |
| | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2019 STAMP

| MANAGER | ADDRESS | | | | |
|---|-----------------------|------------------|---------------------|---------------------------------------|--|
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| | <u></u> | | Check the | box to indicate no change | |
| 8. If adding or amending additional provisions, complete the following section: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | _ | |
| | | | Check the | box to indicate no change 🖳 | |
| 9. As required by RIGL <u>7-16-67</u> , the | | | | | |
| 10. Date when these Articles of An | nendment will be effe | ective: CHECK OF | NE 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 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. | | | | | |
| Type or Print Name of Limited Liability | | mamed nerem are | e true and correct. | Date | |
| | | | | | |
| Janne M. Doyle | | | March 1, 2019 | | |
| Signature of Authorized Person | | | | | |
| HAWW M, SIGN DOWNENT HERE | | | | | |
| | | | | | |

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

March 01, 2019 02:16 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

