



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2022 JUL 11 AM 8 53

**Articles of Amendment**

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  001736646	2. The name of the corporation is:  Powerback Rehabilitation, P.C.	
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> adopted the following amendment(s) to the Articles of Incorporation on:		
4. If the entity's name is changing, state the new name: <span style="float: right;">Powerback Rehabilitation RI, P.C.</span>		
Check the box to indicate no change <input type="checkbox"/>		
5. If the total authorized shares are changing complete the following section: <i>*List ALL authorized shares as of this amendment.</i>		
<b>Total Authorized Shares</b> <i>(Number of Shares)</i>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
_____	_____	_____
_____	_____	_____
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> . State any provisions here (optional):		Check the box to indicate an attachment <input type="checkbox"/>
Check the box to indicate no change <input checked="" type="checkbox"/>		
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>		
<input type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
Check the box to indicate no change <input checked="" type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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7. If the entity's purpose is changing complete the following section: *\*The new purpose should include ALL activity to be transacted in the State of Rhode Island.*

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) \_\_\_\_\_

*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.*

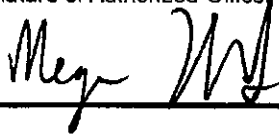
Type or Print Name of Authorized Officer of the Corporation

Megan Leigh Horton

Date

7/5/2022

Signature of Authorized Officer of the Corporation





State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

July 11, 2022 08:53 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

