RI SOS Filing Number: 201866658200 Date: 5/22/2018 1:31:00 PM



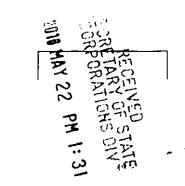
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00



Pursuant to the provisions of f amends its Articles of Organiz	RIGL <u>7-16-12</u> the undersigned limited liab ation as follows:	ility company hereby		
Entity ID Number:	2. The name of the limited liability	2. The name of the limited liability company is:		
001678797	JENNI AUTO REPAI	R LLC		
3. If the entity's name is char state the new name:	nging,			
		Check the box to indicate no change		
4. If the principal office addre the entity is changing, completed following section:				
Tollowing Section.		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)				
Date certain for dissolution		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 <b>or</b>				
A corporation or				
Disregarded as an entity	separate from its member(s)	Check the box to indicate no change		
7. If the management structu	re is changing, complete the following sec	ction:		
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY				
lts member(s) (If you ha	ve checked this box, skip to Section 7. De	O NOT fill out the chart below.)		
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)				

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 MAY 2 2 2018

au 331101

MANAGER	ADDRESS	
JOSE A RAMIREZ	1159 EDDY STREET, PROVIDENCE, RI 02905	
	Che	ck the box to indicate no change
9 As required by RIGL 7-16-67 th	Che entity has paid all fees and taxes.	eck the box to indicate no change
<del></del>	nendment will be effective: CHECK ONE BOX ONLY	,
✓ Date received (Upon filing)	st be no more than 30 days from the date of filing)	
	and affirm that I have examined these Articles of Am nat all statements contained herein are true and corr	
Type or Print Name of Limited Liability	Company	Date
JOSE A RAMIREZ		05/22/2018
Signature of Authorized Person	SIGN DOCUMENT HERE	

RI SOS Filing Number: 201866658200 Date: 5/22/2018 1:31:00 PM



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:

May 22, 2018 01:31 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

