

## RECEIVED STATE RECEIVED STATE OF STATE

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

Pursuant to the provisions of amends its Articles of Organi	RIGL <u>7-16-12</u> the undersigned limited liab zation as follows:	llity company hereby
Entity ID Number:	2. The name of the limited liability	company is:
001678797	JENNI AUTO REPAI	R LLC
3. If the entity's name is cha state the new name:	inging,	
		Check the box to indicate no change
4. If the principal office addr the entity is changing, comp 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 enti	ty separate from its member(s)	Check the box to indicate no change
7. If the management struct	ure is changing, complete the following sec	tion:
The Limited Liability Compa	ny is to be managed by: CHECK ONE BO	X ONLY
Its member(s) (If you h	ave checked this box, skip to Section 7. Do	NOT fill out the chart below.)
	ger(s) (If the limited liability company has note name and address of each manager on	nanager(s) at the time of the filing of these Articles 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	