



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV.
 2018 JUN -5 PM 3:37

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 001680353	2. The name of the limited liability company is: EL PICANTE DON ISIDRO LLC
3. If the entity's name is changing, state the new name: DON ISIDRO LLC	
Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Partnership or	
<input type="checkbox"/> A corporation or	
<input type="checkbox"/> Disregarded as an entity separate from its member(s)	
Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section:	
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)	
<input type="checkbox"/> 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

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MANAGER	ADDRESS

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 7-16-67, 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 30 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 Company <div style="display: flex; justify-content: space-between; align-items: center;"> NARCISO ROMERO. El Picante Don ISIDRO LLC </div>	Date 6-5-18
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Signature of Authorized Person

SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations
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
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:

June 05, 2018 03:37 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

