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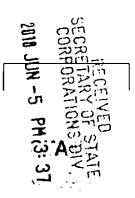
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7</u> amends its Articles of Organization a	<u>'-16-12</u> the undersigned limited liability companas follows:	ly hereby
Entity ID Number:	2. The name of the limited liability company is	
001680353	EL PICANTE DON I	ISIDRO ÎLC
3. If the entity's name is changing, state the new name:		
DON IS	IDRO LLC	Check the box to indicate no change
 If the principal office address of the entity is changing, complete the following section: 	;	
<u> </u>		Check the box to indicate no change
5. If the period of duration is changi	ing, complete the following section: CHECK ON	NE BOX ONLY
Perpetual (on-going)		
Date certain for dissolution		Check the box to indicate no change
	ng, complete the following section: CHECK ON	IE BOX ONLY
Partnership or		
A corporation or		
Disregarded as an entity separ	rate from its member(s)	
		Check the box to indicate no change
7. If the management structure is cl	hanging, complete the following section:	
The Limited Liability Company is to	be managed by. CHECK ONE BOX ONLY	
s member(s) (If you have che	ecked this box, skip to Section 7. DO NOT fill or	ut the chart below.)
	f the limited liability company has manager(s) as 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
JUN 0 5 2018 1P

BY 332018

A. A. 3.37pm

*****	1000000
MANAGER	ADDRESS
	Check the box to indicate no change
9 If adding or amending	additional provisions, complete the following section:
0. It duting or amenong	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.
	cles of Amendment will be effective: CHECK ONE BOX ONLY
Date received (Upo	ı filing)
Later effective date	(Date must be no more than 30 days from the date of filing)
	I declare and affirm that I have examined these Articles of Amendment, including any
	nts, and that all statements contained herein are true and correct.
Type or Print Name of Limit	ed Liability Company CI Di Carte Dan Date
	El Tilomic Dall
1/100	
NARC	50 ROMERO. ISIDIOLUL 6-5-18
NARC. Signature of Authorized Pe	
NARC. Signature of Authorized Pe	SIGN DOCUMENT 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:

June 05, 2018 03:37 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

