 Vacuware, LLC Amendment to Articles of Organization.pdf

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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 ~~7-16-12~~ the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: <b>000738788</b>	2. The name of the limited liability company is: <b>VACUWARE, LLC</b>
3. If the entity's name is changing, state the new name:  Check the box to indicate no change <input checked="" 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: <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"/>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <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: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.) <input checked="" 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.)	

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

10:49  
 332908  
 JUN 18 2018  
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 STAMP



MANAGER	ADDRESS
PETER D'ALLESANDRO	1522 ELMWOOD AVE CRANSTON, RI 02910
DENNIS AMARAL	2900 AMARAL WAY DIGHTON, MA 02715
DEBORAH AMARAL	2900 AMARAL WAY DIGHTON, MA 02715
JOHN DATOR JR.	45 NORTH MAIN ST. UNIT 2 FALL RIVER, MA 02720

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 7-15-67, 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	Date
VACUWARE, LLC	6/15/18

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 18, 2018 10:49 AM

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*

