



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



**Articles of Amendment**

**DOMESTIC Limited Liability Company**

→ Filing Fee: \$50.00

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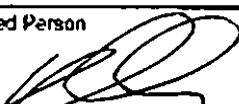
Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

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. DO NOT 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.)	

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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JUN 18 2018  
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 <input type="checkbox"/>	
8. If adding or amending additional provisions, complete the following section:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
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	
<input checked="" type="checkbox"/> Data received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Limited Liability Company	Date
VACUWARE, LLC	6/15/18
Signature of Authorized Person 	
SIGN DOCUMENT HERE	