

## **Articles of Amendment**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of Articles of Amendment to its.	RIGL <u>7-1,2-905</u> , the undersigned corpo Articles of Incorporation:	ration adopts the following	
1. Entity ID Number:	2. The name of the corporation is	:	
001685166	Handmarks Inc.		
by the board of directors of	corporation (or, where no shares have be the corporation) in the manner prescribe dment(s) to the Articles of Incorporation	ed by RIGL <u>7-1.2 06/14/2</u> 018	
4. If the entity's name is cha state the new name:	inging,		
		Check the box to indicate no change 🗸	
5. If the total authorized sha Total Authorized Sh (Number of Shares	nares Class of Stock	section: *List ALL authorized shares as of this amendment.  Par Value Per Share	
		Check the box to indicate no change 🗸	
6. If the period of its duration Perpetual (on-going)	n is changing complete the following sec	tion: CHECK ONE BOX ONLY	
Date certain for dissolu	tion	Check the box to indicate no change ✓	
7. If the entity's purpose is of transacted in the State of Rhoot		*The new purpose should include ALL activity to be	
		SECRETARY CORPORATION 25	
Check the box to indicate ar	attachment	Check the box to indicate no change	
MAII TO:		3r < r	

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 5 2018 11:34

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8. If adding or amending additional provisions, complete the following section:				
The Incorporator is Karen Tobin, 60 Cherry Valley Rd, Chepachet, RI 02814.				
Check the box to indicate an attachment Check the	box to indicate no change			
9. As required by RIGL <u>7-1.2-105</u> , 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 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendme	ent, including any			
accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Authorized Officer of the Corporation	Date			
Karen Tobin	6/15/2018			
Signature of Authorized Officer of the Corporation				
Kaser Jobix SIGN DOCUMENT HERE				