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State of Rhode Island and Pro	ovidence Plantations - Business Services Di	vision	
Bepartment of State	- Dusiness bervices bi		
Amendment to Application for Registration FOREIGN Limited Liability Company			ST/EIPER
→Filing Fee: \$50.00	anpany		TTERS RARY
·	7.40.50 the wedgesterned from	ing the land the bills of a second state in the second	P 1001
amends its Application for a Certific Rhode Island, and for that purpose	ate of Registration to transact		
1. Entity ID Number:	2. The name of the limited I		
001672634	MLT Vacations, LLC		
3. If the entity's name is changing, state the new name:	<b>.</b>		
	acations, LLC	Check the box to in	ndicate no change 🔲
3a. The entity's name, if different, under which it proposed to registe transact business in Rhode Island	rand		
4. If the period of duration has cha	anged in the home state, com	plete the following section: CHECK O	NE BOX ONLY
Perpetual (on-going)			
Date certain for dissolution _	AF 2		ndicate no change 🔀
5. If the required address of the of the following section:	ffice to be maintained in the st	tate or country of its organization has	
		Check the box to i	ndicate no change 🔀
6. If the mailing address is changi	ng complete the following sec		
			ndicate no change 🔀
7. If the entity's purpose is changi transacted in the State of Rhode Islar	•	ction: •The new purpose should include A	ALL activity to be
	_		
Check the box to indicate an attac	chment	Check the box to	indicate no change[X]

BY <u>5577710</u> A FORM 451 - Revised: 11/2017 A A I'. OZP M.

8. If the management structure has changed, complete the following section:				
The Limited Liability Company is to	b be managed by: CHECK ONLY ONE BOX			
Its member(s) (If you have ch	ecked this box, skip to Section 9. DO NOT fill out the chart	on the next page.)		
	(If the limited liability company has manager(s) at the time c ation, state the name and address of each manager.)	of the filing of this Amendment		
MANAGER	ADDRESS			
		box to indicate no change X		
	ne limited liability company has paid all fees and taxes.	· · · ·		
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.				
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY				
X 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 this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Limited Liability		Date (		
MLT Vacations, LLC		7/17/18		
Signature of Authorized Person				
	SIGN POCUMENT HERE			
Alan T. Rosselot, Secretary	Maria			

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

July 23, 2018 01:02 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

