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

Amendment to Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of

• •	se submits the following statement:				
1. Entity ID Number:	2. The name of the limited liability	company is:	لينسم		
001672634	MLT Vacations, LLC				
3. If the entity's name is changing, state the new name:					
	Vacations, LLC	Check the box to indicate no ch	nange 🔲		
3a. The entity's name, if different under which it proposed to regis transact business in Rhode Isla	ster and				
4. If the period of duration has o	hanged in the home state, complete	he following section: CHECK ONE BOX ON	ILY		
Perpetual (on-going)	•				
Date certain for dissolution		Check the box to indicate no cl	hange 🔀		
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:					
		Check the box to indicate no cl	hange 🔀		
6. If the mailing address is changing complete the following section:					
		Check the box to indicate no c	hange X		
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.					
Check the box to indicate an at	tachment	Check the box to indicate no	change X		

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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8. If the management structure has changed, complete the following section:					
		·····			
_	o be managed by: CHECK ONLY ONE BOX necked this box, skip to Section 9. DO NOT fill out the chart of	on the next sees \			
	·	· • ·			
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)					
MANAGER	ADDRESS				
		· <u> </u>			
	·				
	Check the	box to indicate no change X			
9. As required by RIGL <u>7-16-67</u> , the 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 Company Date					
MLT Vacations, LLC					
Signature of Authorized Person					
Alan T. Rosselot, Secretary					
Alan T. Rosselot, Secretary					