RI SOS Filing Number: 201880539680 Date: 10/31/2018 10:08:00 AM



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 RI amends its Articles of Organiza	IGL <u>7-16-12</u> the undersigned limited liability tion as follows:	y company hereby
1. Entity ID Number:	2. The name of the limited liability co	
001687906	, Vicand Jam	esbuyhomeori LLC
3. If the entity's name is chang	ing,	
state the new name:	Vicbuyohomeor	heck the box to indicate no change
4. If the principal office addres	s of ,	
the entity is changing, complet following section:	e the	
		Check the box to indicate no change 🔀
5. If the period of duration is cl	hanging, complete the following section: C	HECK ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolution		Check the box to indicate no change
6. If the entity's tax status is ch	nanging, complete the following section: CI	HECK ONE BOX ONLY
Partnership or		
A corporation or		
Disregarded as an entity:	separate from its member(s)	
	, , ,	Check the box to indicate no change
7. If the management structure	e is changing, complete the following section	on:
The Limited Liability Company	is to be managed by: CHECK ONE BOX	ONLY
lts member(s) (If you hav	e checked this box, skip to Section 7. DO	NOT fill out the chart below.)
	r(s) (If the limited liability company has ma name and address of each manager on th	nager(s) at the time of the filing of these Articles e 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

MANAGER	ADDRESS			
<u></u>				
		С	heck 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	16-67, the entity has paid all fee		Silect the box to indicate no change is	
	les of Amendment will be effective		ILY	
Date received (Upon	filina)			
I <u> `</u>	Date must be no more than 30 da	ave from the date of filing)		
Later enective date (i	Sate mast be no more than 50 da	ays from the date of filing)		
	declare and affirm that I have ex ts, and that all statements contai			
Type or Print Name of Limite		The tree true and a	Date	
Victory	Shomeori LL(	<u>^</u>	10/31/18	
Signature of Authorized Pers	on 15		<del></del>	
Birt	SIGN DO	CUMENT HERE		

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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:

October 31, 2018 10:08 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

