

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 2 amends its Articles of Organization (	<u>7-16-12</u> the undersigned limited liability compa as follows:	any hereby		
1. Entity ID Number:	2. The name of the limited liability company			
001687906	Vicand James	uyhomeori LLC		
3. If the entity's name is changing,	<b></b>			
state the new name:	Vicburphomeori LL	Caneck the box to indicate no change		
4. If the principal office address of the entity is changing, complete the	,			
following section:		Check the box to indicate no change		
5. If the period of duration is chang	ing, complete the following section: CHECK	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 chang	ing, complete the following section: CHECK (	ONE BOX ONLY		
Partnership <b>or</b>				
A corporation <b>or</b>				
Disregarded as an entity separate from its member(s)		Check the box to indicate no change		
7. If the management structure is o	hanging, complete the following section:			
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY				
Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.)				
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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MANAGER	ADDRESS			
<u></u>				
		С	heck the box to indicate no change 💢	
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		