## R.I. DEPT. OF ST

## **Articles of Amendment**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$50,00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1,2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation: 1. Entity ID Number: 2. The name of the corporation is: The shareholders of the corporation (of, where no shares have been issued. by the board of directors of the corporation) in the manner prescribed by RIGL 7-1,2 adopted the following amendment(s) to the Articles of Incorporation on: 4. If the entity's name is changing, state the new name: Vi Check the box to indicate no change 5. If the total authorized shares are changing complete the following section: "List ALL authorized shares as of this amendment. **Total Authorized Shares** Class of Stock Par Value Per Share (Number of Shares) Check the box to indicate no change. 6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution Check the box to indicate no change 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 no change Check the box to indicate an attachment L

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 10:02

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8. If adding or amending additional provisions, complete the following section:	
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 Amendment, 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
Maria linda Rodriguez	11/26/18
Signature of Authorized Officer of the Corporation	
SIGN DOCUMENT HERE	