



State of Rhode Island and Providence Plantations

Department of State - Business Services Division**Certificate of Amendment**

DOMESTIC Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13-9, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAY 14 PM 1:41

1. Entity ID Number: 001688239	2. The name of the partnership is: Griffin Valley Imports, LP
3. If the entity's name is changing, state the new name: SAPERAVI USA LP Check the box to indicate no change ☐	
4. The date of filing of the Certificate of Limited Partnership is: September 14, 2018	
5. If the specified office address is changing complete the following section: Check the box to indicate no change ☒	
6. If the mailing address is changing complete the following section: Check the box to indicate no change ☒	
7. If there is a change in the general partners complete the following section: <i>*List ALL general partners as of this amendment</i>	
NAME	ADDRESS
Check the box to indicate an attachment ☐ Check the box to indicate no change ☒	

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****MAY 14 2019**

BY KL GEJEE
1:41

STAMP

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 7-13-69, the partnership has paid all fees and taxes.

10. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Limited Partnership

LOUIS A. LACHANCE, III

Signature of General Partner



Date

May 13, 2019

Signature of General Partner

Date

Signature of General Partner

Date

Signature of General Partner

Date

Signature of General Partner

Date

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:

May 14, 2019 01:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

