



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

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CORPORATIONS DIV

2019 NOV 12 PM 1:48

## Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

<b>1. Entity ID Number:</b>  <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">001690748</div>	<b>2. The name of the limited liability company is:</b>  <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">Raiola Solutions, LLC</div>
<b>3. If the entity's name is changing, state the new name:</b>  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
<b>4. If the principal office address of the entity is changing, complete the following section:</b> <b>35 Park Avenue, Portsmouth, RI 02871</b>  <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
<b>5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
<b>6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY</b> <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
<b>7. If the management structure is changing, complete the following section:</b> <b>The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY</b> <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.) <input type="checkbox"/> 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](http://www.sos.ri.gov)

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MANAGER	ADDRESS

Check 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 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 Limited Liability Company	Date
Mitchell Raiola	11/4/19

Signature of Authorized Person

*Mitchell Raiola* SIGN DOCUMENT HERE



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:

November 12, 2019 01:48 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*

