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

Articles of Amendment

DECRETARY OF STATE CORPORATIONS DIV

2019 NOV 12 PM 1:48

DOMESTIC Limited Liability Company

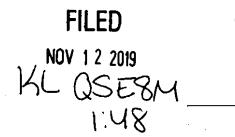
 \rightarrow Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:				
1. Entity ID Number:	2. The name of the limited liability company is	S:		
001690748	Raiola Solutions, LLC			
3. If the entity's name is changing, state the new name:				
		Check the box to indicate no change		
 If the principal office address of the entity is changing, complete the following section: 	e 35 Park Avenue, Portsmouth, RI 02871			
		Check the box to indicate no change		
5. If the period of 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 🗸		
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY				
Partnership or				
A corporation or				
Disregarded as an entity sepa	rate from its member(s)	Check the box to indicate no change 🗹		
7. If the management structure is c	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. DO NOT 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>	<u> </u>
		Check the	box to indicate no change 🗹
8. If adding or amending	additional provisions, complete the fo	llowing section:	
			box to indicate no change
· · ·	7-16-67, the entity has paid all fees an		
10. Date when these Arti	icles of Amendment will be effective: C	HECK ONE BOX ONLY	·
Date received (Upo	n filina)		
		rom the data of filing)	
	(Date must be no more than 90 days f	rom the date of millig)	
	I declare and affirm that I have exami		ent, including any
	nts, and that all statements contained	herein are true and correct.	<u> </u>
Type or Print Name of Limit	ed Liability Company		Date
Mitchell Raiola			1114/19
Signature of Authorized Pe	rson		<i>F</i> /
-	-		
1	Minu Band SIGN DOCUM		

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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

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

