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

Articles of Amendment

R.I. DEPT. OF STATE BUS SVCS DIV

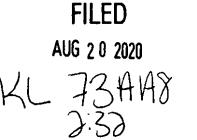
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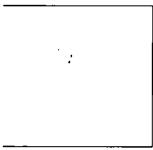
DOMESTIC Limited Liability Company

→Filing Fee: \$50.00

1. Entity ID Number:	2. The name of the limited liability company is:		
001695976	635 METACOM, LLC		
3. If the entity's name is cha state the new name:	inging,		
		Check the box to indicate no change 🗹	
4. If the principal office addr the entity is changing, comp following section:			
		Check the box to indicate no change 🗹	
5. If the period of duration is	changing, complete the following section: CHI	ECK ONE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolu	tion	Check the box to indicate no change 🗹	
6. If the entity's tax status is	changing, complete the following section: CHE	CK ONE BOX ONLY	
Partnership or			
A corporation or			
Disregarded as an entit	ty separate from its member(s)		
		Check the box to indicate no change \checkmark	
7. If the management struct	ure is changing, complete the following section	· · · · · · · · · · · · · · · · · · ·	
The Limited Liability Compa	ny is to be managed by: CHECK ONE BOX O	NLY	
Its member(s) (If you h	ave checked this box, skip to Section 7. DO NO	OT fill out the chart below.)	
One (1) or more managed of Amendment, state the	ger(s) (If the limited liability company has mana he name and address of each manager on the i	ger(s) at the time of the filing of these Articles 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	
Laurie E. D'Arcangelo	36 Andrews Court, Bristol, RI, 02809	
		Check the box to indicate no change
9. As required by RIGL 7-16-	67, the entity has paid all fees and taxes.	Check the box to indicate no change 🗸
	of Amendment will be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filir Later effective date (Date)	g) e must be no more than 90 days from the date	of filing)
	clare and affirm that I have examined these Ar and that all statements contained herein are tr	
Type or Print Name of Limited Li	ability Company	Date
635 METACOM, LLC		August 17, 2020
Signature of Authorized Person	SIGN DOCUMENT HERE	

State of Rhode Island 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,

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:

August 20, 2020 02:32 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

