



State of Rhode Island

Department of State - Business Services Division

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2020 NOV-6 P 2:10
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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:

1. Entity ID Number: <div style="font-size: 1.2em; font-family: cursive;">001714346</div>	2. The name of the limited liability company is: <div style="font-size: 1.2em; font-family: cursive;">Onpoint Protection Solutions LLC</div>
3. If the entity's name is changing, state the new name: <div style="font-size: 1.2em; font-family: cursive;">OnPoint Protection Systems LLC</div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section: <div style="font-size: 1.2em; font-family: cursive;">7A Rego Road, Middletown RI 02842</div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <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>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <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>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT 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

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MANAGER	ADDRESS

Check the box to indicate no change ☒

8 If adding or amending additional provisions, complete the following section:

Engage in the business of planning, selling, installing, maintaining or servicing protection systems such as:
Fire Alarm, Security, Access, Video Systems

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

OnPoint Protection Systems LLC

Date

11/6/2020

Signature of Authorized Person

