RI SOS Filing Number: 202190103350 Date: 2/4/2021 2:38:00 PM



Articles of Amendment DOMESTIC Limited Liability Company			STAMP	
→ Filing Fee: \$50.00				
•			8 - 8	
Pursuant to the provisions of RIGL amends its Articles of Organization	. <u>7-16-12</u> the undersigned limited liability con as follows:	ompany hereby	4 P	
Entity ID Number:	2. The name of the limited liability comp	pany is:	2: 2:	
001716120	EZ Transit LLC		98 38	
3. If the entity's name is changing state the new name.	-			
	·	Check the box to indic	ate no change 🗹	
4. If the principal office address o the entity is changing, complete to following section:				
, , , , , , , , , , , , , , , , , , ,		Check the box to indic	ate no change 🗹	
5. If the period of duration is char	nging, complete the following section: CHE	CK ONE BOX ONLY		
Perpetual (on-going)				
Date certain for dissolution _	Check the box to indic	ate no change 🗹		
6. If the entity's tax status is chan	ging, complete the following section: CHE	CK ONE BOX ONLY		
Partnership or				
A corporation or				
Disregarded as an entity sep	Check the box to indic	ate no change 🗹		
7. If the management structure is	changing, complete the following section.			
The Limited Liability Company is	to be managed by: CHECK ONE BOX ON	ILY		
Its member(s) (If you have o	hecked this box, skip to Section 7. DO NO	T fill out the chart below.)		
-) (If the limited liability company has managed me and address of each manager on the n	-	of these Articles	

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 STAMP FEB 0 4 2021 COTOSS A.H. Q.38 DM

MANAGER	ADDRESS	
		Check the box to indicate no change
8. If adding or amending ad	ditional provisions, complete the fo	ollowing section:
Changing Effective date to	2/28/2021	
ļ		Check the box to indicate no change
	6-67, the entity has paid all fees ar	
10. Date when these Articles	s of Amendment will be effective: C	CHECK ONE BOX ONLY
Date received (Upon file	ing)	
Later effective date (Da	te must be no more than 90 days	2/28/2021 from the date of filing)
	eclare and affirm that I have exam and that all statements contained	nined these Articles of Amendment, including any
Type or Print Name of Limited I		Date
Adam Jrida	,	2/4/2021
Adam Jilda		2/4/2021
Signature of Authorized Person	<u> </u>	

RI SOS Filing Number: 202190103350 Date: 2/4/2021 2:38:00 PM



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:

February 04, 2021 02:38 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

