



State of Rhode Island

Department of State - Business Services Division

Articles of Amendment**DOMESTIC Business Corporation**

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: 000005759	2. The name of the corporation is: D.J.M. CORPORATION												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on:													
4. If the entity's name is changing, state the new name: Check the box to indicate no change ☒													
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; width: 33%;">Class of Stock</th> <th style="text-align: left; width: 33%;">Par Value Per Share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Check the box to indicate no change ☒		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share									
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">☐ Perpetual (on-going)</td> <td style="width: 50%;"></td> </tr> <tr> <td>☐ Date certain for dissolution _____</td> <td></td> </tr> </table> Check the box to indicate no change ☒		☐ Perpetual (on-going)		☐ Date certain for dissolution _____									
☐ Perpetual (on-going)													
☐ Date certain for dissolution _____													
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island. RENTAL REAL ESTATE Check the box to indicate an attachment ☐ Check the box to indicate no change ☐													

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 FEB 26 PM 12:17
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

FEB 26 2021

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FORM 101 - Revised: 08/2020

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

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-1.2-105, 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.

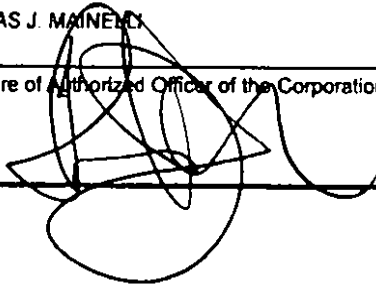
Type or Print Name of Authorized Officer of the Corporation

Date

THOMAS J. MAINELLI

2/14/21

Signature of Authorized Officer of the Corporation



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 101 - Revised: 08/2020



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:

February 26, 2021 12:17 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

