	RI SOS	Filing Numbe	er: 202195702350	Date: 4/13/2021	12:03:00 PM		
State of Rhode Island Department of State - Business Services Division							
DOMI →Fil	ESTIC Liming Fee: \$50		7-16-12 the undersigner	d limited liability compa	any hereby		
1. Ent	ity ID Numb	er:	2. The name of the lim	nited liability company	is:		
0017	721232		Aydin Properties	s, LLC			
	ne entity's na the new nam	ame is changing, ne:					
<u></u>					Check the box		
the en		office address of jing, complete the	•				
					Check the box		
5. If th	e period of o	duration is changi	ing, complete the follow	ring section: CHECK C	NE BOX ONLY		
P	erpetual (on	-going)					

MESTIC Limited Liability C	27.0 0.1.0 0.1.0				
Filing Fee: \$50.00		PHI2: 03			
uant to the provisions of RIGL 7 nds its Articles of Organization a	<u>'-16-12</u> the undersigned limited liability company hereb as follows:	y 103 /TE			
intity ID Number:	2. The name of the limited liability company is:				
1721232	Aydin Properties, LLC				
the entity's name is changing, e the new name;					
	Check	the box to indicate no change 🗹			
the principal office address of entity is changing, complete the wing section:					
	Check	the box to indicate no change			
the period of duration is changi	ng, complete the following section: CHECK ONE BOX	ONLY			
Perpetual (on-going)					
Date certain for dissolution Check the box to indicate no					
the entity's tax status is changing	ng, complete the following section: CHECK ONE BOX				
Partnership or					
A corporation or					
Disregarded as an entity separ		——·			
		he box to indicate no change			
	nanging, complete the following section:				
/	be managed by: CHECK ONE BOX ONLY				
Its member(s) (If you have che	cked this box, skip to Section 7. DO NOT fill out the ch	art below.)			
One (1) or more manager(s) (If of Amendment, state the name	the limited liability company has manager(s) at the tim and address of each manager on the next page.)	e of the filing of these Articles			
TO:	FILED				
on of Business Services	APR 1 3 2021				

MAIL TO:

Division of Business Services

7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY

✓ Partnership or

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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& CICTO

7:03

MANAGER	ADDRESS					
MANAGER	ADDRESS	_ 				
,	,					
						
	· · · · · · · · · · · · · · · · · · ·					
		check the box to indicate no change [V				
8. If adding or amending additiona	I provisions, complete the following section:					
The purpose of the limited liability	corporation is to hold and manage real estate.					
		Check the box to indicate no change				
	e entity has paid all fees and taxes.	- 				
10. Date when these Articles of Arr	endment will be effective: CHECK ONE BOX ON	ILY				
		- "				
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	Date / /				
Aydin Properties, LLC		41512421				
Signature of Authorized Person	2	 **				
Ether (1)	MLA.					
	V					

RI SOS Filing Number: 202195702350 Date: 4/13/2021 12:03:00 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:

April 13, 2021 12:03 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

