



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)

 RECEIVED
 R.I. DEPT. OF STATE TAMP
 BUS SVCS DIV

2021 MAY 21 A 9 24

 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: 000791569	2. The name of the corporation is: Comercializadora La Feria De Las Fajas Inc															
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: May 13th, 2021																
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: 35%;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; width: 35%;">Class of Stock</th> <th style="text-align: left; width: 30%;">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Class A Voting</td> <td>\$0.01</td> </tr> <tr> <td>500</td> <td>Class B Non-Voting</td> <td>\$0.01</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	500	Class A Voting	\$0.01	500	Class B Non-Voting	\$0.01						
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share														
500	Class A Voting	\$0.01														
500	Class B Non-Voting	\$0.01														
6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY ☐ Perpetual (on-going) ☐ Date certain for dissolution _____ Check the box to indicate no change ☒																
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. Check the box to indicate an attachment ☐ Check the box to indicate no change ☒																

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

 9:05
 2021 JUN 11 AM 9:05

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

FILED

STAMP

JUN 11 2021

TOKYS

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

Maria R. Cuervo

Date

May 13th, 2021

Signature of Authorized Officer of the Corporation





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:

June 11, 2021 09:05 AM

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

Nellie M. Gorbea
Secretary of State

