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State of Rhode Island
Department of State - Business Services Division

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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:	2. The name of the corporation is:
001445401	WAKEFIELD HANDS CAR WASH SERVICES 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: 10/21/2021

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.*

Total Authorized Shares (Number of Shares)	***Class of Stock***	***Par Value Per Share***

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.

State any provisions here (optional):

Check the box to indicate an attachment ☐

Check the box to indicate no change ☑

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 ☑

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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FORM 101 - Revised 06/2021

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 ☑

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

WHEN THE COMPANY WAS REGISTERED CARLOS CHIRINOS WAS LISTED AS A 50% OWNER OF THE CORPORATION. UNFORTUNATELY, DUE TO PERSONAL REASONS, AFTER THE COMPANY WAS REGISTERED, HE CHANGED HIS MIND AND DECIDED NOT TO BE A MEMBER. THE ARTICLES HAVE BEEN AMENDED TO FORMALLY REMOVE CARLOS CHIRINOS AS A MEMBER. LISETTE J MEDINA IS THE ONLY INCORPORATOR OF THE BUSINESS.

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
LISETTE J. MEDINA	10/21/2021

Signature of Authorized Officer of the Corporation

L J Medina

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.

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R.I. SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES
148 W. RIVER ST
PRIOVIDENCE, RI 02904-2615

Dear Sirs,

My name is LISETTE MEDINA, on September 2, 2015 I registered in the company in the State of RI. At the time of registration, in the articles of organization, item number 6 for Additional Provisions, CARLOS CHIRINOS was listed as a member of the corporation with a 50% of the capital investment which it was US$24,000.

Unfortunately, due to personal reason CARLOS CHIRINOS was not able to participate as an investor. He never made any contributions neither has received any compensation from the company.

It is important to let you know that since the beginning I have been the only responsible for all the income and expenses generated by the company. I have fulfilled all of the obligations at a corporate level as well as a personal level. The income tax has been filled in a timely manner, all the fees to be paid to the State of RI have been paid every year. I have also field all the annual reports required by the Secretary of State of RI.

Should you have any question or need additional information, please do not hesitate to contact me at the address or phone number listed below.

Respectfully,

Lisette Medina
President

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:

October 21, 2021 03:42 PM

Nellie M. Gorbea
Secretary of State