

State of Rhode Island

Department of State - Business Services Division

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

2022 NOV -4 PM 1:30

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 1680512	2. The name of the limited liability company is: Restaurant Equipment Delivery Co., LLC
3. If the entity's name is changing, state the new name: Restaurant Equipment Sales + Delivery Co., LLC <input type="checkbox"/> Check the box to indicate no change	
4. If the principal office address of the entity is changing, complete the following section: <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____ <input checked="" type="checkbox"/> Check the box to indicate no change	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Partnership or	
<input type="checkbox"/> A corporation or	
<input type="checkbox"/> Disregarded as an entity separate from its member(s) <input checked="" type="checkbox"/> Check the box to indicate 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 ONLY	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)	
<input checked="" type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

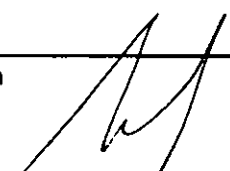
Website: www.sos.ri.gov

FILED

NOV 04 2022

1:30

BY AL FVOH J

MANAGER	ADDRESS	
Walter Richard	77 Sylvan Way, Kingston RI 02881	
Check the box to indicate no change <input type="checkbox"/>		
8. If adding or amending additional provisions, complete the following section:		
<p>Restaurant Equipment Sales and Delivery</p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>		
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.		
10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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.		
Name of Authorized Person	Street Address	
Walter A. Richard	7 Sylvan Way	
City/Town	State	Zip Code
Kingston	RI	02881
Signature of Authorized Person		Date
		10/20/2022



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:

November 04, 2022 01:30 PM

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

Nellie M. Gorbea
Secretary of State

