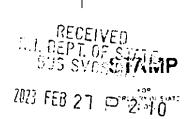
RI SOS Filing Number: 202329432810 Date: 2/27/2023 2:10:00 PM



## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7 amends its Articles of Organization a		ed limited liability compa	ny hereby	
1. Entity ID Number:	2. The name of the limited liability company is:			
00 168 7983	city	EXPRSS	LLC	
If the entity's name is changing. state the new name:				
			Check the box to indi	icate no change 💢
4. If the principal office address of the entity is changing, complete the following section:	;			
			Check the box to indi	icate no change
5. If the period of duration is changi	ing, complete the follo	owing section: CHECK C	NE BOX ONLY	
Perpetual (on-going)				
Date certain for dissolution			Check the box to indi	icate no change <table-cell></table-cell>
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY				
Partnership or				
A corporation or				
Disregarded as an entity separ	rate from its member(	(s)	Check the box to indi	icate no change
7. If the management structure is cl	hanging, complete the	e following section:		
The Limited Liability Company is to	be managed by: CH	ECK ONE BOX ONLY		
lts member(s) (If you have che	ecked this box, skip to	o Section 7. <b>DO NOT</b> fill (	out the chart below.)	
One (1) or more manager(s) (I	if the limited liability c e and address of eac	company has manager(s) th manager on the next pa	at the time of the filing	of these Articles

MAIL TO:

**Division of Business Services** 148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:10

FILED FEB 27.2023 BY ML V3PCB

· .				
MANAGER	ADDRESS			
PELYMI A. ALABI	691 WEEDEN STR PA	winder, RI 02860		
		<del></del>		
	<del></del>	Check the box to indicate no change		
Check the box to indicate no change				
<ul> <li>9. As required by RIGL <u>7-16-67</u>, the entity has paid all fees and taxes.</li> <li>10. Date when these Articles of Amendment will be effective. CHECK ONE BOX ONLY</li> </ul>				
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.				
Name of Authorized Person  BABATUNDE AD	EDIRE 175, ENF	LED AVE		
PROVIDENCE	State 2 · I	2ip Code 02903		
Signature of Authorized Person	foer-	Date 2/27/23		

RI SOS Filing Number: 202329432810 Date: 2/27/2023 2:10:00 PM



I, GREGG M. AMORE, 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 27, 2023 02:10 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

