Shops.

	State of Rhode Island	
)	Department of State - Business Services Division	Ί.

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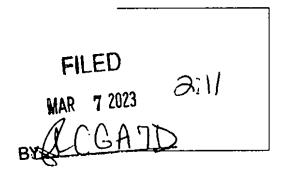
Articles of Amendment DOMESTIC Limited Liability Company

→Filing Fee: \$50.00

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

. Entity ID Number: 2. The name of the limited liability company is:						
001712026	01712026 ARASPEED TOOL COMPANY LLC					
3. If the entity's name is changing, state the new name:						
		Check the box to indicate no change				
4. If the principal office address of the entity is changing, complete the following section:						
		Check the box to indicate no change 📝				
5. If the period of 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					
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY						
Partnership or	Partnership or					
A corporation <b>or</b>	A corporation <b>or</b>					
✓ Disregarded as an entity separate from its member(s)						
		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						
Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)						
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



MANAGER	ADDRESS						
		······					
	Check the box to indicate no change						
8. If adding or amending additiona	al provisions, complete the f	following section:					
0 As required by DICL 7 16 67 t	ha antitu haa naid all faan a		e box to indicate no change				
	<ol> <li>As required by RIGL <u>7-16-67</u>, the entity has paid all fees and taxes.</li> <li>Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY</li> </ol>						
· · · · · · · · · · · · · · · · · · ·	TO, Date when these Articles of Amendment will be ellective. 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 t Name of Authorized Person	accompanying attachments, and that all statements contained herein are true and correct.           Name of Authorized Person         Street Address						
DONNA L. VALENTI		38 THORNTON WAY					
City/Town		State	Zip Code				
NORTH KINGSTOWN		RI	02852				
Signature of Authorized Person			Date				
Dorma L.V	alanti		3/3/2023				

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

March 07, 2023 02:11 PM

Treng M. Course

Gregg M. Amore Secretary of State

