



State of Rhode Island

Department of State - Business Services Division

## Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE  
BUS SERVICES  
2023 MAR 09 AM 11:19

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: <b>001092692</b>	2. The name of the limited liability company is: <b>NIVAYI DELIVERY SERVICES LLC</b>
3. If the entity's name is changing, state the new name:  Check the box to indicate no change <input checked="" type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section:  Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> 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

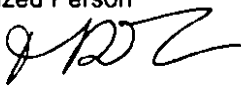
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED  
STAMP  
MAR 09 2023  
BY ML AI ASM

11:19

<b>MANAGER</b>	<b>ADDRESS</b>		
Mitzi YANEZ	# 610 SMITH ST PROVIDENCE RI 02908		
Check the box to indicate no change <input type="checkbox"/>			
8. If adding or amending additional provisions, complete the following section: <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>			
Check the box to indicate no change <input type="checkbox"/>			
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: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
<i>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.</i>			
Name of Authorized Person		Street Address	
Mitzi YANEZ		610 SMITH ST	
City/Town	State	Zip Code	
PROVIDENCE	RI	02908	
Signature of Authorized Person			Date
			03/09/23



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 09, 2023 11:19 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

