

MANAGER	ADDRESS

Check the box to indicate no change

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

Check the box to indicate no change


9. As required by RIGL 7-16-6Z, 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.

Name of Authorized Person		Street Address	
Michael Landry		70 Pleasant Street	
City/Town	State	Zip Code	
North Attleboro	MA	02760	
Signature of Authorized Person			Date
<small>DocuSigned by:</small>  <small>D653F12BA15745-</small>			03/31/2023