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State of Rhode Island Department of State - Business Services Division

Articles of Amendment

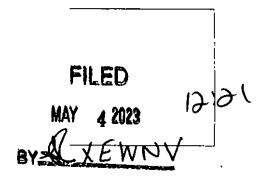
DOMESTIC Limited Liability Company

 \rightarrow 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:

1. Entity ID Number:	2. The name of the limited liability company i	is:			
001755173	The Fernandes LLC				
3. If the entity's name is changing, state the new name:					
		Check the box to indicate no change 🗹			
 If the principal office address of the entity is changing, complete the following section: 	3				
		Check the box to indicate no change 🗹			
5. If the period of duration is chang	ing, complete the following section: CHECK C	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		······································			
A corporation or					
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



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MANAGER	ADDRESS		
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			· · · · · · · · · · · · · · · · ·
			Check the box to indicate no change 📝
8. If adding or amending	additional provisions, com	plete the following section:	
			•
9. As required by RIGL 7	-16-67, the entity has paid	all fees and taxes.	Check the box to indicate no change
		effective: CHECK ONE BOX	DNLY
Date received (Upor	ı filing)		
Later effective date ((Date must be no more that	n 90 days from the date of filir	g)
Under penalty of perjury,	I declare and affirm that I h	ave examined these Articles (of Amendment, including any
accompanying attachme	nts, and that all statements	contained herein are true and	I correct.
Name of Authorized Pers	on	Street Address	
Felix Fernandes		13 David Drive	
City/Town	· · ·	State	Zip Code
Lincoln		RI	02865
Signature of Authorized F	Person		Date
Folger 1	1		05.02.2023

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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:

May 04, 2023 12:21 PM

Areg M. Couve

Gregg M. Amore Secretary of State

