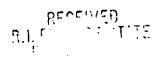


Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



STAMP

FUN SECRITARY OF STAR COLOR C

2023 JUN 23 P 3 21

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

amends its Articles of Organization a	as follows:	<u> </u>		
1. Entity ID Number:	2. The name of the limited liability co	ompany is:		
1740684	Brookside U	C		
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 chang	ing, complete the following section: C	HECK 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 changi	ng, complete the following section: C	HECK 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 c	hanging, complete the following section	on:		
The Limited Liability Company is to	be managed by: CHECK ONE BOX	ONLY		
Its member(s) (If you have che	ecked 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 JUN 23 2023 3:21
BY TIABV
AR

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 <u>7-16-67</u> , the entity has paid all fees and taxes. 10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY					
To. Date when these Articles of Amendment will be enective. 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					
	1				
Rajalaxmi kova 122 pleasant viens					
City/Town		State	Zip Code		
Griswold		CT	06351		
Signature of Authorized Person			Date		
K. Rajalaxmi			06-23-2023		