



MANAGER	ADDRESS
Check the box to indicate no change <input checked="" type="checkbox"/>	

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

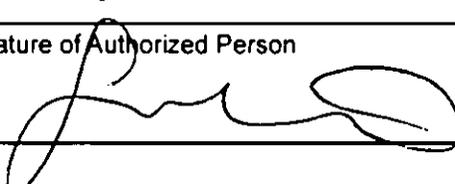
Check the box to indicate no change

9. As required by RIGL 7-16-67, 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 <b>Suejail Montalvo</b>		Street Address <b>43 Fruit Hill Ave</b>	
City/Town <b>Providence</b>	State <b>RI</b>	Zip Code <b>02909</b>	
Signature of Authorized Person 			Date <b>8/17/23</b>