



State of Rhode Island  
Department of State - Business Services Division

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**Articles of Amendment**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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:<br><br>00788562   | 2. The name of the limited liability company is:<br><br>JKP Properties,LLC |
| 3. If the entity's name is changing, state the new name:<br><br><div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>  |  |
| 4. If the principal office address of the entity is changing, complete the following section:<br><br><div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>   |  |
| 5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>  |  |
| <input type="checkbox"/> Perpetual (on-going)<br><input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>   |  |
| 6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>   |  |
| <input type="checkbox"/> Partnership or<br><input type="checkbox"/> A corporation or<br><input type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>  |  |
| 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 checked="" type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.)<br><input 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

**FILED**  
OCT 04 2023  
BY PP88Z  
AA. 1:40PM.





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:

October 04, 2023 01:40 PM

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

Gregg M. Amore  
*Secretary of State*

