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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT 17 P 12:00

## 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:  001698423		2. The name of the limited liability company is:  Cafe Praca LLC	
3. If the entity's name is changing, state the new name:  Cafe Zara LLC			
			Check the box to indicate no change <input type="checkbox"/>
4. If the principal office address of the entity is changing, complete the following section:			
			Check the box to indicate no change <input checked="" type="checkbox"/>
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY			
<input type="checkbox"/> Perpetual (on-going)			
<input type="checkbox"/> Date certain for dissolution _____			
			Check the box to indicate no change <input checked="" type="checkbox"/>
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY			
<input type="checkbox"/> Partnership or			
<input type="checkbox"/> A corporation or			
<input type="checkbox"/> Disregarded as an entity separate from its member(s)			
			Check the box to indicate no change <input checked="" type="checkbox"/>
7. If the management structure is changing, complete the following section:			
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY			
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7 DO NOT fill out the chart below.)			
<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.)			

FILED 1203  
OCT 17 2023  
BY BWSG

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

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 ☒

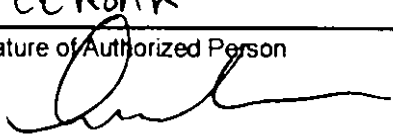
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

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	Street Address	
Levi Medina	816 Newman avenue	
City/Town	State	Zip Code
Seekonk	MA	02771
Signature of Authorized Person		Date
		10/14/23

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).