



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 DEC 13 P 12:07  
FOR SECRETARY OF STATE  
USE ONLY

## Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00


Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:  001687683	2. The name of the limited liability company is:  Is This Hand Shucked SPE, LLC
3. If the entity's name is changing, state the new name:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the mailing address is changing complete the following section:  21201 VICTORY BLVD, SUITE 267, CANOGA PARK, CA 91303 <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/></div>	

### 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)

FILED  
STAMP  
DEC 13 2023  
12:07  
BY: ML AF94J

8. If the management structure has changed, complete the following section:	
The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 9. <b>DO NOT</b> fill out the chart on the next page.)	
<input checked="" type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)	
<b>MANAGER</b>	<b>ADDRESS</b>
Brian Chien-Chih Chen	21201 VICTORY BLVD, SUITE 267, CANOGA PARK, CA 91303
Check the box to indicate no change <input type="checkbox"/>	
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.	
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.	
11. Date when this Amendment to the Application for Registration will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> 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 this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Limited Liability Company	Date
Brian Chen	11/30/2023
Signature of Authorized Person	
	

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).



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:

December 13, 2023 12:07 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

