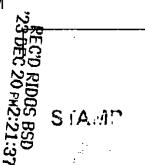
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Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50,00



amends its Articles of Organization a	'-16-12 the undersigned limited liability compas follows:	pany hereby		
1. Entity ID Number:	2. The name of the limited liability company is:			
1761708	Reservoir House, LLC			
3. If the entity's name is changing, state the new name:				
		Check the box to indicate no change 🗹		
 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 changing, complete the following section: CHECK 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 changing, complete the following section: CHECK ONE BOX ONLY				
Partnership or				
A corporation or				
Disregarded as an entity separate from its member(s) Check the box to indicate no characteristics.				
7. If the management structure is c	hanging, complete the following section:			
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY				
Its member(s) (If you have checked 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 FILEDSTAMP

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MANAGER	ADDRESS			
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· - · · ·				
			Check the box to indicate no change	
9. As required by RIGL 7-16	-67 the entity has paid	all fees and taxes	Check the box to indicate no change	
10. Date when these Articles			ONLY	
✓ Date received (Upon filin		n 90 days from the date of fili	na)	
Under penalty of perjury, I de accompanying attachments,			of Amendment, including any d correct.	
Name of Authorized Person		Street Address	Street Address	
Bruce H. Cox		1481 Wampan	1481 Wampanoag Trail	
City/Town		State	Zip Code	
East Providence		RI	02915	
Signature of Authorized Pers		I	Date	
	Durafly		10/18/23	

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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 20, 2023 02:21 PM

Gregg M. Amore Secretary of State

Treg M. Coure

