



Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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2024 JAN 23 AM 9:49

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: 001765377	2. The name of the limited liability company is: Heather Guidero Jewelry LLC
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3. If the entity's name is changing, state the new name:

Check the box to indicate no change

4. If the principal office address of the entity is changing, complete the following section: 151 Broadway, Suite 225, Providence, RI 02903

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 change

7. If the management structure is changing, 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.)

FILED
STAMP
JAN 23 2024
BY MLM/HFG
FOR
SECRETARY OF STATE

9:49

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: 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 Heather Guidero		Street Address 151 Broadway, Suite 225	
City/Town Providence	State RI	Zip Code 02903	
Signature of Authorized Person 			Date 1/23/2024

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.