

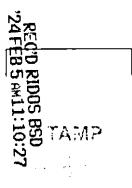
## State of Rhode Island Department of State - Business Services Division

1.,

## **Articles of Amendment**

DOMESTIC Limited Liability Company

 $\rightarrow$  Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company he	reby
amends its Articles of Organization as follows:	

1. Entity ID Number:	2. The name of the limited liability company	is:			
001720232	faye biram market LLC				
<ol> <li>If the entity's name is changing, state the new name:</li> </ol>					
		Check the box to indicate no change			
<ol> <li>If the principal office address of the entity is changing, complete the following section:</li> </ol>	9				
		Check the box to indicate no change 🖌			
5. If the period of duration is chang	ing, 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 separ	rate from its member(s)				
		Check the box to indicate no change			
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 che	ecked this box, skip to Section 7. DO NOT fill	out the chart below.)			
	If the limited liability company has manager(s) e and address of each manager on the next p				

IFID FILED FEB 0 5 2024 BY. لمح

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	e box to indicate no change
8. If adding or amending	additional provisions, complete th	e following section:	
			_
			e box to indicate no change 🖉
	-16-67, the entity has paid all fees		
10. Date when these Artic	eles of Amendment will be effective	e: CHECK ONE BOX ONLY	
Date received (Upon	filing)		
	Date must be no more than 90 da	ws from the date of filing)	
	l declare and affirm that I have ex its, and that all statements contain		nent, including any
Name of Authorized Perso	no	Street Address	
FATOU SILLAH		127 SOUTH STREET	
City/Town		State	Zip Code
WOONSOCKET		RI	02895
Signature of Authorized P	erson	- <b>I</b>	Date
			02/05/2024

74

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:

February 05, 2024 11:10 AM

Treng M. Course

Gregg M. Amore Secretary of State

