



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
 24 FEB 8 AM 11:07:22

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: 001738338	2. The name of the limited liability company is: MBF Transportation LLC
3. If the entity's name is changing, state the new name: <div style="text-align: center; font-family: cursive; font-size: 1.2em;"> Crowell Staffing & Transportation LLC </div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input checked="" 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>	
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 checked="" type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
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 checked="" 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
 FEB - 8 2024
 BY GWZRH

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		Street Address	
McMohan Fahnbuller		873 ROOSEVELT AVE	
City/Town	State	Zip Code	
Pawtucket	R.I.	02860	
Signature of Authorized Person			Date
moham F			2-8-24

[Handwritten signature]



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 08, 2024 11:11 AM

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

Gregg M. Amore
Secretary of State

