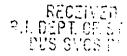


Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



2024 FEB 14 P 2: 06

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby

amends its Articles of Organization a	emends its Articles of Organization as follows:					
Entity ID Number:	<i>/ }</i>	nited liability company i				
001749059	Rujal P	Rentals 1	LLC			
3. If the entity's name is changing, state the new name:	teyside	Nisposal	LLC Check the box to in	dicate no change 🔲		
 If the principal office address of the entity is changing, complete the following section: 	•					
			Check the box to in-	dicate no change 🔼		
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY						
Perpetual (on-going)	<u> </u>					
Date certain for dissolution			Check the box to inc	dicate 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 in	dicate 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

2:00 BYML 8271Q

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

		<u> </u>				
MANAGER	ADDRESS					
Joshua P. Mansolillo	5 Pierce	rd, Foster R	I, 02825			
Mathan S. Fields	21 Lisa La	rd, Foster R ne, North Scit	ate, RP 02857			
		/				
		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 <u>7-16-67</u> , the entity has paid all fees and taxes.						
10. Date when these Articles of Ar	nendment 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	(12	Street Address				
Nathan S. Fie	105	hI Lisa Lane				
City/Town		State 7	Zip Code			
North Scitual	C	K.L	02857			
Signature of Authorized Person	, , /		Date			
Marketon Call		•	2/7/2024			