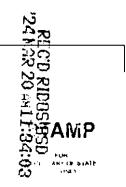


State of Rhode Island Department of State - Business Services Division

Articles of Amendment

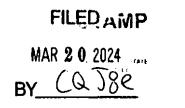
DOMESTIC Limited Liability Company

 \rightarrow Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-12</u> the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number:	2. The name of the limited liability company	is:		
001765232	FYD 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: 	9			
-		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.)				



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			
			<u> </u>	
			Check the box to indicate no change 🖌	
8. If adding or amending a	dditional provisions, complete th	te following section:		
			Check the box to indicate no change	
9. As required by RIGL 7-1	16-67, the entity has paid all fee			
	es of Amendment will be effectiv		NLY	
Date received (Upon f				
Later effective date (D	ate must be no more than 90 da	ays from the date of filing	a)	
Under penalty of perjury, I	declare and affirm that I have ex	amined these Articles o	f Amendment, including any	
	s, and that all statements contai		correct.	
Name of Authorized Person		Street Address		
OLUYOMBO COLLIN	S	158 GARDEN S	158 GARDEN ST	
City/Town		State	Zip Code	
PAWTUCKET		RI	02860	
Signature of Authorized Pe	rson		Date	

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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:

March 20, 2024 11:34 AM

Areg M. Couve

Gregg M. Amore Secretary of State

