

State of Rhode Island

Department of State - Business Services Division

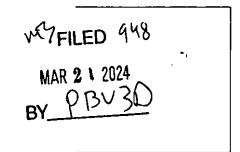
Articles of Amendment

DOMESTIC Limited Liability Company

 \rightarrow Filing Fee: \$50.00

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24 "AR	
QI005 1 21 A×9:	
	CINCP.
6SD 343:00	

Pursuant to the provisions of RIGL amends its Articles of Organization	7-16-12 the undersigned limited liability co as follows:	mpany hereby	
1. Entity ID Number:	2. The name of the limited liability compa	any is:	
001751668	THE BLESSED BOUTIQUE	LLC	
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:	e		
		Check the box to indicate no change	
5. If the period of duration is changed	ing, complete the following section: CHEC	CK 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 chang	ing, complete the following section: CHEC	K ONE BOX ONLY	
Partnership or			
A corporation or			
Disregarded as an entity sepa	rate from its member(s)		
		Check the box to indicate no change	
	hanging, complete the following section:	· · · · · · · · · · · · · · · · · · ·	
	be managed by: CHECK ONE BOX ONI		
Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)			
	If the limited liability company has manage e and address of each manager on the ne	er(s) at the time of the filing of these Articles ext 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			
Reina Del Camen Hemandez Flores	132 Harold st providence RI 02908			
	Check the box to indicate no change			
8. If adding or amending additiona	I provisions, complete the following section:			
	Check the box to indicate no change	۰X		
9. As required by RIGL 7-16-67, the second s	ne entity has paid all fees and taxes.	7		
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			
Silvia Andasal	167 Admiral St			
City/Town	State Zip Code			
Providence	RI 02908			
Signature of Authorized Person	OF 100			
Lilina Yama Ag	4. 03/14/24			

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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 21, 2024 09:48 AM

Areg M. Couve

Gregg M. Amore Secretary of State

