



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS ESD  
24:57 13 MAY 17:20:39  
SIP

**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: <b>001758579</b>	2. The name of the limited liability company is: <b>Magic SIP LLC</b>
3. If the entity's name is changing, state the new name: <b>Rhodey on the Rhode LLC</b> Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section: Check the box to indicate no change <input checked="" type="checkbox"/>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY	
<input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
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) Check the box to indicate no change <input type="checkbox"/>	
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 type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input checked="" 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 1141  
MAY 13 2024  
BY LPQ3F  
SIP

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
Cristina Castillo	1007 Broad St. Providence, RI 02905 USD
Keiry Luciano	373 - Elm St. Warwick RI 02888

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 Keiry Luciano		Street Address 373 Elm St	
City/Town Warwick	State RI	Zip Code 02888	
Signature of Authorized Person 			Date 05/13/2024

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).