



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV.

2024 AUG -2 AM 10:21

## Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  001750556	2. The name of the corporation is  Leftyslice Enterprises, Inc.	
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> adopted the following amendment(s) to the Articles of Incorporation on:		
4. If the entity's name is changing, state the new name: N/A <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>		
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment.		
<b>Total Authorized Shares (Number of Shares)</b>	<b>Class of Stock</b>	<b>Par Value Per Share</b>
1,250,000	Common	\$0.01
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> . State any provisions here (optional):		Check the box to indicate an attachment <input type="checkbox"/>
		Check the box to indicate no change <input checked="" type="checkbox"/>
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>		
<input type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
		Check the box to indicate no change <input checked="" type="checkbox"/>

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY TAY3R

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7. If the entity's purpose is changing complete the following section: *\*The new purpose should include ALL activity to be transacted in the State of Rhode Island.*

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

8. If adding or amending additional provisions, complete the following section.

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-1.2-105, 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) \_\_\_\_\_

11. *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.*

Type or Print Name of Authorized Officer of the Corporation

Keith Thomas-President

Date

08/01/2024

Signature of Authorized Officer of the Corporation

