



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
AUG 20 PM 3:29:27

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:

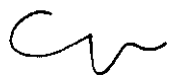
1. Entity ID Number: 001777519	2. The name of the limited liability company is: Tres Amigos Restaurante LLC
3. If the entity's name is changing, state the new name: Los Homies LLC Check the box to indicate no change ☐	
4. If the principal office address of the entity is changing, complete the following section: 407 Laurel Hill Ave, Cranston, RI, 02920 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

FILED

AUG 20 2024

BY MSSA
AA. 3:29pm

MANAGER	ADDRESS	
Juan Pablo Sanchez	335 Pleasant St., Weymouth, MA 02190	
Efren Sanchez	72 Colonels Dr, Apt 2, Weymouth, MA 02189	
Fransisco Javier Hernandez Huerta	30 Patriot Pkwy, Unit 108, Weymouth, MA 02190	
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) _____		
<i>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.</i>		
Name of Authorized Person	Street Address	
Efren Sanchez	72 Colonels Dr. APT 2	
City/Town	State	Zip Code
Weymouth	MA	02189
Signature of Authorized Person		Date
		02190

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.