RI SOS Filing Number: 202459289810 Date: 9/10/2024 12:43:00 PM



State of Rhode Island Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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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:

2. The name of the limited liability company is:

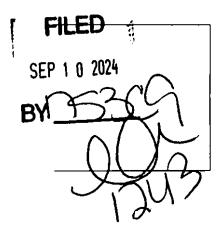
West Shore Cafe LLC

•	<u>'</u>	•
001759363	West Shore Cafe LLC	
3. If the entity's name is character the new name:	anging,	
		Check the box to indicate no change
4. If the principal office add the entity is changing, com following section:		
J		Check the box to indicate no change 🗸
5. If the period of duration i	s changing, complete the following section:	CHECK ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolu	ution	Check the box to indicate no change
6. If the entity's tax status is	s changing, complete the following section:	CHECK ONE BOX ONLY
Partnership or		
A corporation or (s-	(orp) Tax purpses	
Disregarded as an ent	ity separate from its member(s)	
		Check the box to indicate no change
7. If the management struc	ture is changing, complete the following sec	tion:
The Limited Liability Compa	any is to be managed by: CHECK ONE BOX	CONLY
lts member(s) (If you l	have checked this box, skip to Section 7. DC	NOT fill out the chart below.)
	ager(s) (If the limited liability company has manager on the name and address of each manager on t	anager(s) at the time of the filing of these Articles 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



	1		
MANAGER	ADDRESS		<u> </u>
			<u> </u>
		Check the	box to indicate no change
8. If adding or amending addition	nal provisions, complete the	following section:	
		Check the	e box to indicate no change 🗹
9. As required by RIGL <u>7-16-67</u> ,	the entity has paid all fees a		e box to indicate no change 🗹
9. As required by RIGL <u>7-16-67</u> , 10. Date when these Articles of A	•	and taxes.	e box to indicate no change 🗹
10. Date when these Articles of A	•	and taxes.	e box to indicate no change 🗹
	•	and taxes.	e box to indicate no change 🗹
10. Date when these Articles of A	Amendment will be effective:	CHECK ONE BOX ONLY	e box to indicate no change
10. Date when these Articles of A Date received (Upon filing) Later effective date (Date m	Amendment will be effective: ust be no more than 90 days	CHECK ONE BOX ONLY from the date of filing)	
10. Date when these Articles of A	Amendment will be effective: ust be no more than 90 days be and affirm that I have example.	check one Box only from the date of filing) mined these Articles of Amenda	
10. Date when these Articles of A Date received (Upon filing) Later effective date (Date m Under penalty of perjury, I declar	Amendment will be effective: ust be no more than 90 days be and affirm that I have example.	check one Box only from the date of filing) mined these Articles of Amenda	
10. Date when these Articles of A Date received (Upon filing) Later effective date (Date m Under penalty of perjury, I declar accompanying attachments, and Name of Authorized Person	Amendment will be effective: ust be no more than 90 days re and affirm that I have exar that all statements containe	check one Box only from the date of filing) mined these Articles of Amenda d herein are true and correct. Street Address	nent, including any
10. Date when these Articles of A Date received (Upon filing) Later effective date (Date management) Under penalty of perjury, I declar accompanying attachments, and	Amendment will be effective: ust be no more than 90 days re and affirm that I have exar that all statements containe	check one box only from the date of filing) mined these Articles of Amenda d herein are true and correct.	nent, including any
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Date received (Upon filing) Later effective date (Date maccompanying attachments, and Name of Authorized Person City/Town	Amendment will be effective: ust be no more than 90 days re and affirm that I have exar that all statements containe	check one box only from the date of filing) nined these Articles of Amendment of the are true and correct. Street Address Check one box only Street Address	nent, including any
Date received (Upon filing) Later effective date (Date m Under penalty of perjury, I declar accompanying attachments, and Name of Authorized Person Tames R Dumi City/Town East Providence	Amendment will be effective: ust be no more than 90 days re and affirm that I have exar that all statements containe	check one Box only from the date of filing) nined these Articles of Amenda d herein are true and correct. Street Address 36 Richfield A	Zip Code
Date received (Upon filing) Later effective date (Date maccompanying attachments, and Name of Authorized Person City/Town	Amendment will be effective: ust be no more than 90 days re and affirm that I have exar that all statements containe	check one box only from the date of filing) nined these Articles of Amendment of the are true and correct. Street Address Check one box only Street Address	nent, including any

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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:

September 10, 2024 12:43 PM

Gregg M. Amore Secretary of State

Treg M. Coure

