



State of Rhode Island
Department of State - Business Services Division

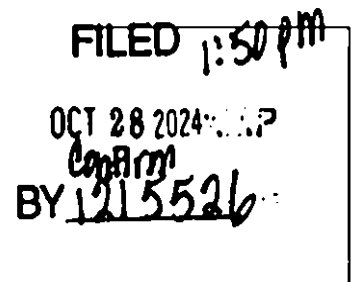
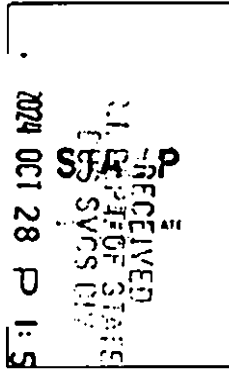
Articles of Amendment

DOMESTIC Limited Liability Company

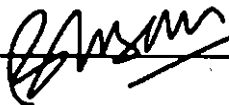
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entry ID Number: 00177990 3	2. The name of the limited liability company is: WONDERFUELS LLC
3. If the entity's name is changing, state the new name. <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section: <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
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) <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
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 checked="" type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input 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.)	



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	
Check the box to indicate no change <input type="checkbox"/>		
<p>8. If adding or amending additional provisions, complete the following section:</p> <p>The name and address of the member is Bilal Ahsan, 212 Arboretum Way, Canton, MA 02021</p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>		
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		
<input checked="" type="checkbox"/> Date received (Upon filing) 10-28-2024 <input type="checkbox"/> 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	
BILAL AHSAN	212 ARBORETUM WAY	
City/Town	State	Zip Code
CANTON	MA	02021
Signature of Authorized Person		Date
		10-28-2024



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:

October 28, 2024 01:50 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

