



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Manager's Address**  
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

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 BUS SVCS DIV.  
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1. Entity ID Number <b>001781423</b>	2. Exact Name of the Limited Liability Company <b>Mako of Massachusetts, LLC</b>		
3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Name of Manager <b>Antonio J. Luis</b>			
Street Address <b>51 Mark Drive</b>			
City/Town <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
4. The <b>NEW</b> address of the manager is:			
Street Address <b>237 Front Street</b>			
City/Town <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
5. Date when this Statement of Change of Manager's Address will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company <b>Antonio J. Luis</b>			Date <b>11/8/2024   10:23 AM CST</b>
Signature of Authorized Person of the Limited Liability Company 			

**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)

**FILED STAMP**

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