



State of Rhode Island  
Department of State - Business Services Division

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STATE OF RHODE ISLAND  
SECRETARY OF STATE  
OFFICE ONLY

## 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:

<b>1. Entity ID Number:</b>  142028	<b>2. The name of the corporation is:</b>  ICHIBAN CORPORATION												
<b>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 7-1.2</b> November 8, 2024 adopted the following amendment(s) to the Articles of Incorporation on:													
<b>4. If the entity's name is changing, state the new name:</b> G&MK CORPORATION <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>													
<b>5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment.</b> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left; width: 33%;"><i><b>Total Authorized Shares (Number of Shares)</b></i></th><th style="text-align: left; width: 33%;"><i><b>Class of Stock</b></i></th><th style="text-align: left; width: 33%;"><i><b>Par Value Per Share</b></i></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>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 7-1.2. State any provisions here (optional):</p> <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>		<i><b>Total Authorized Shares (Number of Shares)</b></i>	<i><b>Class of Stock</b></i>	<i><b>Par Value Per Share</b></i>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<i><b>Total Authorized Shares (Number of Shares)</b></i>	<i><b>Class of Stock</b></i>	<i><b>Par Value Per Share</b></i>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<b>6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Perpetual (on-going)</div><div><input type="checkbox"/> Date certain for dissolution _____</div></div> <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>													

**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 LKS R88DB

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.*

Hold and sell restaurant assets

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

Tong Il Kim, President

Date

11/18/24

Signature of Authorized Officer of the Corporation

