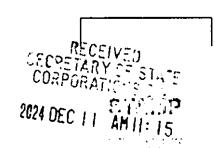
RI SOS Filing Number: 202461564570 Date: 12/11/2024 11:15:00 AM





Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7 amends its Articles of Organization a	- <u>16-12</u> the undersigned limited liability compar is follows:	ny hereby		
1. Entity ID Number:	2. The name of the limited liability company is	• •		
001726242	Fleur Soiree, LLC			
3. If the entity's name is changing, state the new name:				
		Check the box to in	dicate no change 🔀	
 If the principal office address of the entity is changing, complete the following section: 				
		Check the box to in	dicate no change 📝	
5. If the period of duration is change	ng, complete the following section: CHECK Of	NE BOX ONLY		
Perpetual (on-going)				
Date certain for dissolution		Check the box to indicate no change		
6. If the entity's tax status is changi	ng, complete the following section: CHECK Of	NE BOX ONLY		
Partnership or				
A corporation or				
Disregarded as an entity separ	rate from its member(s)	Check the box to in	dicate no change 🔲	
7. If the management structure is c	nanging, 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:

Olvision of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 112024GP
BY DYNGSG

MANAGER	ADDRESS				
					
	Check the box to indicate no change				
8. If adding or amending additional provisions, complete the following section:					
			I		
			ı		
		Check the	box to indicate no change		
9. As required by RIGL <u>7-16-67</u> , 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)					
Later ellective date (Date filds	st be no likite tilali 50 days	mont the date of ming)			
Under penalty of perjury, I declare accompanying attachments, and the			ent, including any		
Name of Authorized Person		Street Address			
Terri Pantini		50 Friendship Street			
City/Town		State	Zip Code		
Newport		RI	02840		
Signature of Authorized Person JULY X. Jam	1 `	<u> </u>	Date		

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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:

December 11, 2024 11:15 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

