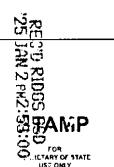
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State of Rhode Island

Department of State - Business Services Division



Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50,00

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

| amends its Articles of Organization a | is tollows: | <u> </u> | | |
|---|--|------------------------------|--|--|
| 1. Entity ID Number: | 2. The name of the limited liability company is: | | | |
| 001682629 | JO PAY MUSIC & ART | CENTER LLC | | |
| 3. If the entity's name is changing, state the new name: Josephine's Music & Arts Center LG Check the box to indicate no change | | | | |
| 4. If the principal office address of the entity is changing, complete the following section: | . 640 Smith St. APT I clerce RI 02908 Checkt | he box to indicate no change | | |
| 5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY | | | | |
| Perpetual (on-going) | | | | |
| Date certain for dissolution | Check t | he box to indicate no change | | |
| 6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY | | | | |
| Partnership or | | " " " | | |
| A corporation or | | | | |
| Disregarded as an entity separate from its member(s) Check the box to indicate no change | | | | |
| 7. If the management structure is changing, 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.) | | | | |

FILED

JAN 0 2 2025 AMP BY 3dd m. ...

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 | | | |
|--|-----------------------------|--------------------|-----------------------------------|--|
| | | | | |
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| | | | | |
| | <u> </u> | Checl | k the box to indicate no change 🔽 | |
| 8. If adding or amending additiona | al provisions, complete the | following section: | | |
| | | | | |
| | | | | |
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| | | | | |
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| | | Chec | k 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) | | | | |
| 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 | _ | |
| Josephine A | rthur | 640 Smith | St. Apr 1 | |
| City/Town | | State | Zip Code | |
| Providence | 2. | RI | 02908 | |
| Signature of Authorized Person | | | Date | |
| Jus | · | | 01/02/2025 | |
| | | | , , | |

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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:

January 02, 2025 02:56 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

