RI SOS Filing Number: 202563967530 Date: 2/4/2025 12:44:00 PM



## 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. Entity ID Number: 2. The name of the limited liability company is: 001692692 NIVAYI Delivery Services LLC If the entity's name is changing, state the new name: Check the box to indicate no change 4. If the principal office address of the entity is changing, complete the following section: Check the box to indicate no change If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY Perpetual (on-going) Date certain for dissolution Check the box to indicate no change 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.)

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

		<del></del>	
MANAGER	ADDRESS		
MITZZI YANEZ	610 SMITH STREET	PROVIDENCE, RI 02908	USA
YINO R YANEZ	610 SMITH STREET	PROVIDENCE, RI 02908	USA
	-	Check the	box to indicate no change
			e box to indicate no change
9. As required by RIGL <u>7-16-67</u> , th	• •	nd taxes.	e box to indicate no change
9. As required by RIGL <u>7-16-67</u> , the 10. Date when these Articles of An	• •	nd taxes.	e box to indicate no change
10. Date when these Articles of An	• •	nd taxes.	e box to indicate no change
10. Date when these Articles of An	nendment will be effective:	nd taxes. CHECK ONE BOX ONLY	e box to indicate no change
10. Date when these Articles of An Date received (Upon filing)  Later effective date (Date must	nendment will be effective:	nd taxes.  CHECK ONE BOX ONLY  from the date of filing)	
10. Date when these Articles of An	nendment will be effective: st be no more than 90 days and affirm that I have exan	nd taxes.  CHECK ONE BOX ONLY  from the date of filing)  nined these Articles of Amendm	
10. Date when these Articles of And Date received (Upon filing)  Later effective date (Date must Under penalty of perjury, I declare accompanying attachments, and the Name of Authorized Person	nendment will be effective: st be no more than 90 days and affirm that I have exan hat all statements contained	nd taxes.  CHECK ONE BOX ONLY  from the date of filing)  nined these Articles of Amendm	
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10. Date when these Articles of And Date received (Upon filing)  Later effective date (Date must Under penalty of perjury, I declare accompanying attachments, and the Name of Authorized Person	nendment will be effective:  st be no more than 90 days  and affirm that I have exan  that all statements contained  WEZ	from the date of filing)  inined these Articles of Amendment therein are true and correct.  Street Address	nent, including any

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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:

February 04, 2025 12:44 PM

Gregg M. Amore Secretary of State

Treg M. Coure

