

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

1. Entity ID Number:  000120581	2. The name of the partnership is:  PLACIDO FAMILY LIMITED PARTNESHIP
3. If the entity's name is changing, state the new name:	
Check the box to indicate no change <input checked="" type="checkbox"/>	
4. The date of filing of the Certificate of Limited Partnership is: October 3, 2001	
5. If there is a change in the general partners complete the following section: *List ALL general partners as of this amendment	
NAME	ADDRESS
Lena Placido	12 Leila Jean Drive, Bristol, RI 02809
Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input type="checkbox"/>	
6. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment <input type="checkbox"/> Check the box to indicate no change <input checked="" type="checkbox"/>	

FILED  
Feb 26 2025  
BY SK DTH  
ASL

2135-Stamp

7. If there has been a dissociation of a person as a general partner, so state:	
NAME	ADDRESS
Carlos M. Placido	12 Leila Jean Drive, Bristol, RI 02809

8. The following person has been appointed to wind up the partnership's activities and affairs in accordance with RIGL 7-13.1-802(c) or (d):	
NAME	ADDRESS

9. As required by RIGL 7-13.1, the partnership has paid all fees and taxes.	
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10. Date when this Certificate of Amendment will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="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) _____	

11. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.	
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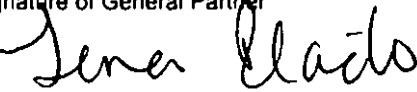
  

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Amendment to the Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Limited Partnership	
PLACIDO FAMILY LIMITED PARTNESHIP	

Signature of General Partner	Date
	01/06/2025
Signature of General Partner    Lena Placido	Date
Signature of General Partner	Date
Signature of General Partner	Date
Signature of General Partner	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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 26, 2025 02:35 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

