



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

## 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:  ID #001783856	2. The name of the limited liability company is:  Know Solutions LLC
3. If the entity's name is changing, state the new name:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
4. If the principal office address of the entity is changing, complete the following section:  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b> <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.) <input checked="" type="checkbox"/> 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

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MANAGER	ADDRESS
NICOLAS HERNANDEZ	43 Middle St. Apt 2 Pawtucket, RI 02860
KEVIN PERILLA	43 Middle St. Apt 2 Pawtucket, RI 02860

Check the box to indicate no change ☐

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate no change ☒

9. As required by RIGL 7-16-67, 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	
KEVIN PERILLA GUTIERREZ	43 Middle St. Apt. 2	
City/Town	State	Zip Code
PAWTUCKET	RI	02860
Signature of Authorized Person		Date
MANAGER		March 19/2025



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:

March 19, 2025 12:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

