RI SOS Filing Number: 202567752330 Date: 3/21/2025 1:40:00 PM



State of Rhode Island Department of State - Business Services Division

RECURIDOS BSD

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

1. Entity ID Number:	2. The name of the limited liability	company is:		
001715057	YGM Realty LLC			
3. If the entity's name is ch state the new name:	nanging,			
		Check the box to indicate no change		
4. If the principal office add the entity is changing, com following section:				
		Check the 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 dissol	lution	Check the box to indicate no change		
6. If the entity's tax status i	is changing, complete the following section:	CHECK ONE BOX ONLY		
Partnership or		= -		
A corporation or				
Disregarded as an en	tity separate from its member(s)	Check the box to indicate no change		
7. If the management struc	cture is changing, complete the following sec	tion:		
The Limited Liability Comp	any is to be managed by: CHECK ONE BO	X ONLY		
Its member(s) (If you	have checked this box, skip to Section 7. De	O NOT fill out the chart below.)		
	ager(s) (If the limited liability company has n	nanager(s) at the time of the filing of these Articles		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 140 Ks

FILED

			_			
MANAGER	ADDRESS					
George Mussalli	10 Arrowhead Lane,	Milton MA 02186				
		-				
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			<u></u>			
		Ch	eck the bo	ox to indicate no change		
8. If adding or amending addition	al provisions, complete the	following section:	·			
		Cł	neck the b	ox 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 Ar			.Y			
✓ 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 accompanying attachments, and t) and affirm that I have exan that all statements containe:	nined these Articles of A d herein are true and co	mendmen rrect.	it, including any		
Name of Authorized Person	Street Address					
George Mussalli	¹⁰ Arrowhead Lane					
City/Town		State	2	Lip Code		
Milton		MA	(02186		
Signature of Authorized Person				Date 914/15		
	<u> </u>	-		1 3 -		

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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:

March 21, 2025 01:40 PM

Gregg M. Amore Secretary of State

Treg M. Coure

