



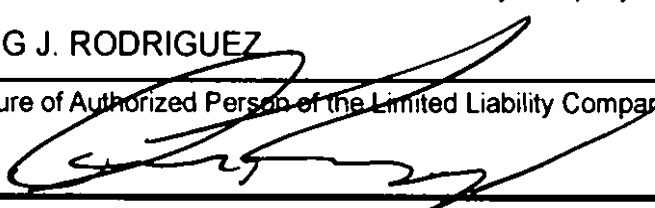
State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Manager's Address
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001739173		2. Exact Name of the Limited Liability Company LA HERMOSA RECORDS, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager IRVING J. RODRIGUEZ			
Street Address 24 CLIFFDALE AVENUE			
City/Town CRANSTON	State RI	Zip 02905	
4. The NEW address of the manager is:			
Street Address 11 WILLOW STREET #2			
City/Town JOHNSTON	State RI	Zip 02919	
5. Date when this Statement of Change of Manager's Address 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 this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company IRVING J. RODRIGUEZ		Date 03/19/25	
Signature of Authorized Person of the Limited Liability Company 			

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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 MAR 24 2025
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