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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 <u>7-16-12</u> the undersigned limited liability comparamends its Articles of Organization as follows:	ny hereby
1. Entity ID Number: 2. The name of the limited liability company i	s:
1786342 Lion Tiger properties	s llc
3. 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
5. If the period of duration is changing, complete the following section: CHECK C	NE BOX ONLY
Perpetual (on-going)	
Date certain for dissolution	Check the box to indicate no change
6. If the entity's tax status is changing, complete the following section: CHECK O	NE 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 of	out the chart below.)
One (1) or more manager(s) (If the limited liability company has manager(s) 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

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USE ONLY

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MANAGER	ADDRESS						
Jose G Tayo	llo Deniers	5 1 wa	on socket	· γ:	02895	Azt IR	
8 If adding or amending additions	at provisions, complete	the following		neck the	box to indicat	te no change	
8. If adding or amending additional provisions, complete the following section:							
Check the box to indicate no change							
As required by RIGL <u>7-16-67</u> , 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					· · · · · · · · · · · · · · · · · · ·		
Under penalty of perjury, I declare accompanying attachments, and to					ent, including	any	
Name of Authorized Person		Street	Street Address				
Jose Tayo		110	110 Tenier St woonsocket Ri 02895				
City/Town		State			Zip Code		
woonso(re(+		No			02845	_	
Signature of Authorized Person					Date		
1-1-					April 23	145	