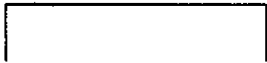




State of Rhode Island  
**Department of State - Business Services Division**



**Certificate of Amendment**  
 DOMESTIC Limited Partnership

→ Filing Fee: \$50.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13-9, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

2021 JUL -7 A 11: 50

1. Entity ID Number: <b>000098356</b>	2. The name of the partnership is: <b>Malin Family Limited Partnership</b>
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. The date of filing of the Certificate of Limited Partnership is: <b>12-31-1997</b>	
5. If the specified office address is changing complete the following section: <b>43 Hillside Avenue Portsmouth, RI 02871</b> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
6. If the mailing address is changing complete the following section: <b>43 Hillside Avenue Portsmouth RI 02871</b> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
7. If there is a change in the general partners complete the following section: <i>*List ALL general partners as of this amendment</i>	
NAME	ADDRESS
<b>Judith Ann Malin</b>	<b>43 Hillside Avenue, Portsmouth, RI 02871</b>
<b>DAVID Michael Malin</b>	<b>3 Meridian Avenue, Hull, MA 02045</b>
<b>Robert Daniel Malin</b>	<b>569 Crowell's Bog Rd, Brewster, MA 02631</b>
Check the box to indicate an attachment <input type="checkbox"/>	
Check the box to indicate no change <input type="checkbox"/>	

**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** *C*  
 JUL 07 2021  
 BY *Ch 1905C*  
 11:50

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

Check the box to indicate an attachment

Check the box to indicate no change

9. As required by RIGL 7-13-69, the partnership has paid all fees and taxes.

10. 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.

*Under penalty of perjury, We declare and affirm that 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

MALIN FAMILY Limited Partnership

Signature of General Partner



Date

07-05-2021

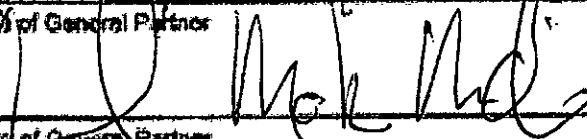
Signature of General Partner



Date

07/05/2021

Signature of General Partner



Date

7/06/2021

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.rl.gov](mailto:corporations@sos.rl.gov).



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

July 07, 2021 11:50 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

