State of Rhode Island Department of St	ate - Business Services Divisi	ion			
Articles of Amendment DOMESTIC Limited Liability Company		RECEIVED OLUBERT, OF STALT LUS SYCS DMALT			
→Filing Fee: \$50.00		7073 MAR - 3 P 1: 48			
Pursuant to the provisions of F amends its Articles of Organiz	RIGL <u>7-16-12</u> the undersigned limited li ation as follows:				
1. Entity ID Number:	2. The name of the limited liabil	2. The name of the limited liability company is:			
001749567	Laundry Spot-22 Rolfe	Laundry Spot-22 Rolfe Sq.,LLC			
<ol> <li>If the entity's name is chan state the new name:</li> </ol>	ging,	Check the box to indicate no change 🗹			
<ol> <li>If the principal office addre the entity is changing, complet following section:</li> </ol>		Check the box to indicate no change 🗹			
	changing, complete the following section	on: CHECK ONE BOX ONLY			
Perpetual (on-going)     Date certain for dissoluti	on	- Check the box to indicate no change			
6. If the entity's tax status is o	changing, complete the following section	on: CHECK ONE BOX ONLY			
Partnership <b>or</b>					
	v separate from its member(s)	Check the box to indicate no change			
7. If the management structu	re is changing, complete the following	section:			
The Limited Liability Compar	y is to be managed by: CHECK ONE	BOX ONLY			
Its member(s) (If you ha	ve checked this box, skip to Section 7.	DO NOT fill out the chart below.)			
	er(s) (If the limited liability company ha a name and address of each manager	s manager(s) at the time of the filing of these Articles 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				
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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.					
Iame of Authorized Person Street Address					
Ryan Wilmouth		22 Rolfe Sq.			
City/Town		State	Zip Code		
Cranston		RI	02910		
Signature of Authorized Person			Date		
			3/3/23		
			•		

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 03, 2023 01:48 PM

Areg M. Couve

Gregg M. Amore Secretary of State

