

State of Rhode Island Department of State - Business Services Division

Certificate of Amendment

Limited Partnership

 \rightarrow Filing Fee: \$50.00

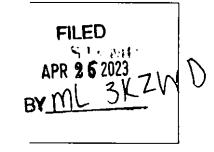
RECEIVED R.I. DEPT. OF STATE BUS SYCS DIVERSIT

2023 APR 26 A 9 18

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by <u>RIGL 7-13.1-201</u>, hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership

| 1. Entity ID Number: | 2. The name of the partnership is | | | |
|--|--|---------------------------------------|--|--|
| 71437 | Bellevue Shopping Center Ass | sociates | | |
| If the entity's name is changing state the new name: | a. Bliss Bellevue Realty Group, LP | | | |
| | | Check the box to indicate no change | | |
| 4. The date of filing of the Certificate July 28, 1964 of Limited Partnership is. | | | | |
| 5. If there is a change in the general partners complete the following section: *List ALL general partners as of this amendment | | | | |
| NAME | ADDRESS | | | |
| | | | | |
| | | | | |
| | | | | |
| Check the box to indicate an atta | chment | Check the box to indicate no change | | |
| 6. If adding or amending addition | al provisions, complete the following section: | | | |
| Check the box to indicate an attai | | Check the box to indicate no change 🖌 | | |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



9:18

| 7. If there has been a dissociation of a person as a general partner, so state: | | | | |
|--|---------|------|--|--|
| NAME | ADDRESS | | | |
| | | | | |
| ····· | | | | |
| · | | | | |
| | | | | |
| | | | | |
| 8. The following person has been appointed to wind up the partnership's activities and affairs in accordance with RIGL 7-13.1-802(c) or (d): | | | | |
| NAME | ADDRESS | | | |
| | | | | |
| | | | | |
| 9. As required by RIGL 7-13.1, the partnership has paid all fees and taxes. | | | | |
| 10. Date when this Certificate 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) | | | | |
| 11. 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, I/we declare and affirm that I/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 | | | | |
| Bellevue Shopping Center Associates | | | | |
| Signature General Partner | " | Date | | |
| L.E.B. Corporation | | | | |
| Signature of General Partner Date | | | | |
| ABRON President CFO 4/19/2 | | | | |
| Signature of General Partner | | Date | | |
| | | | | |
| Signature of General Partner | · | Data | | |
| | | Date | | |
| | | | | |
| Signature of General Partner | | Date | | |
| | | | | |
| | | | | |

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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.ri.gov.

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:

April 26, 2023 09:18 AM

Treng M. Course

Gregg M. Amore Secretary of State

