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This legal document  
should be typed.  
All illegible  
documents  
will be REJECTED.

## Instructions for Filing Articles of Amendment to Articles of Organization for Domestic Limited Liability Company

### Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended

*The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.*

*All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.*

### How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the limited liability company. The entity name can be verified through our [Corporate Database](#).
3. If the entity's name is changing, state the new name. You may check [name availability](#) on our website. If there is no change to the entity name, check the box to indicate no change.
4. If the entity's principal office address is changing, so state. If there is no change to the principal office address, check the box to indicate no change.
5. If the period of its duration is changing, so state. If there is no change to the duration, check the box to indicate no change.
6. If the entity's tax status is changing, so state. For more information about the different tax distinctions, visit the [IRS](#) website. If there is no change to the tax status, check the box to indicate no change.
7. If the entity's management structure is changing, so state. If you check the first box to indicate that the LLC will be managed by its members, **DO NOT** fill out the chart. If you check the second box to indicate that the LLC will be managed by one or more managers, state their names and respective addresses if known. If there is no change to the management structure, check the box to indicate no change.
8. If adding or amending additional provisions, so state. If there are not any provisional changes, check the box to indicate no change.
9. The entity has paid all fees and taxes.
10. Check "Date received" unless you prefer that the Amendment go into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
11. An Authorized Person **MUST** sign and date the form.

### How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#).
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

### How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.

Your entity may also be required to report (and update, if necessary) information about the business and its beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). Visit [FinCEN.gov/boi](#) for more information.



## Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

STAMP

FOR  
 SECRETARY OF STATE  
 USE ONLY

Pursuant to the provisions of RIGL [7-16-12](#) the undersigned limited liability company hereby amends its Articles of Organization as follows:



1. Entity ID Number:	2. The name of the limited liability company is:
3. If the entity's name is changing, state the new name:  <div style="text-align: right;">Check the box to indicate no change</div>	
4. If the principal office address of the entity is changing, complete the following section:  <div style="text-align: right;">Check the box to indicate no change</div>	
5. If the period of duration is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>	
Perpetual (on-going) Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change</div>	
6. If the entity's tax status is changing, complete the following section: <b>CHECK ONE BOX ONLY</b>	
Partnership <b>or</b> A corporation <b>or</b> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change</div>	
7. If the management structure is changing, complete the following section:	
The Limited Liability Company is to be managed by: <b>CHECK ONE BOX ONLY</b>  Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.)  One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	



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**MAIL TO:**

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

MANAGER	ADDRESS

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.*

Name of Authorized Person	Street Address	
City/Town	State	Zip Code
Signature of Authorized Person		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.ri.gov](mailto:corporations@sos.ri.gov).



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. All fields are REQUIRED.

Name:		Date:
Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: