



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
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**Articles of Amendment**

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:  <b>796472</b>	2. The name of the corporation is:  <b>C &amp; L Carpet, INC.</b>
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on:	
4. If the entity's name is changing, state the new name:  <b>C &amp; L Property services, INC.</b> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment.	
<b>Total Authorized Shares</b> <i>(Number of Shares)</i>	<b>Class of Stock</b>
<b>Par Value Per Share</b>	
Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.	
Check the box to indicate an attachment <input type="checkbox"/>	Check the box to indicate no change <input checked="" 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](http://www.sos.ri.gov)

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BY **QRZEI**

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 7-1.2-105, 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.*

Type or Print Name of Authorized Officer of the Corporation

Date

Mania Linda Rodriguez

11/26/18

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations  
**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  
and Providence Plantations, 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:

November 26, 2018 10:22 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

