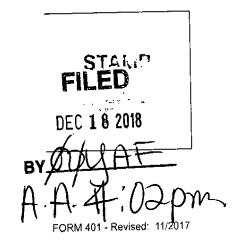
State of Rhode Island and Prov Department of State -	vidence Plantations Business Services Division		R.I.
Articles of Amendment			
DOMESTIC Limited Liability C	ompany		
\rightarrow Filing Fee: \$50.00			
Pursuant to the provisions of RIGL 2 amends its Articles of Organization	<u>-16-12</u> the undersigned limited liabilias follows:	ity company hereby	
1. Entity ID Number:	2. The name of the limited liability of	ompany is:	
001690872	East Coast Equipme	ent & Recovery	, LLC
3. If the entity's name is changing, state the new name:		Check the bc	ex to indicate no change
4. If the principal office address of the entity is changing, complete th following section:			ox to indicate no change 🗹
5. If the period of duration is changed	ging, complete the following section:	CHECK ONE BOX ONL	Y
Perpetual (on-going)			
Date certain for dissolution			ox to indicate no change 🔽
6. If the entity's tax status is change	ging, complete the following section:	CHECK ONE BOX ONL	Y
Partnership or			
A corporation or			
Disregarded as an entity separate from its member(s)		Check the b	ox to indicate no change 🗹
7. If the management structure is	changing, complete the following se	ction:	
The Limited Liability Company is	to be managed by: CHECK ONE BC	X ONLY	
Its member(s) (If you have c	hecked this box, skip to Section 7. D	O NOT fill out the chart b	elow.)
\Box	(If the limited liability company has r ne and address of each manager on	manager(s) at the time of	the filing of these Articles

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	
Robert Cucino, Jr.	15 Green Hill Road, Johnston, RI 02919	
		Check the box to indicate no change
 If adding or amending add 	litional provisions, complete the following section:	
		Check the box to indicate no change
0 Date when these Articles	67, the entity has paid all fees and taxes. of Amendment will be effective: CHECK ONE BOX	
		ONLY
	g) e must be no more than 30 days from the date of fili	
acompanying attachmonts, a	clare and affirm that I have examined these Articles and that all statements contained herein are true and	of Amendment, including any d correct.
Type or Print Name of Limited Liability Company		Date
East Coast Equipment & Recovery, LLC		12/18/2018
ignature of Authorized Person	SASIGN 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:

December 18, 2018 04:02 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

