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

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R.I. DEPT. OF STATE BUS SVCS DI#

STALP

DOMESTIC Limited Liability Company

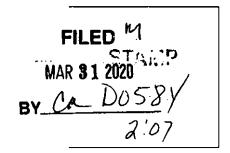
Articles of Amendment

→Filing Fee: \$50.00

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

1. E-thuild Northan			
1. Entity ID Number:	2. The name of the limited liability company is:		
001004681	Dridrigal Construction, LLC		
3. If the entity's name is changing, state the new name:			
		Check the box to indicate no change	
 If the principal office address of the entity is changing, complete the following section: 	3		
		Check the box to indicate no change 🚺	
5. If the period of duration is chang	ing, complete the following section: CHECK C	DNE BOX ONLY	
Perpetual (on-going)	······································		
Date certain for dissolution		Check the box to indicate no change 🍋	
6. If the entity's tax status is changing	ng, complete the following section: CHECK O	NE BOX ONLY	
Partnership or			
A corporation or			
🙀 Disregarded as an entity sepa	_		
		Check the box to indicate no change	
7. If the management structure is c	hanging, complete the following section:		
The Limited Liability Company is to	be managed by: CHECK ONE BOX ONLY		
Its member(s) (If you have che	ecked this box, skip to Section 7. DO NOT fill	out the chart below.)	
	If the limited liability company has manager(s) a and address of each manager on the next p		

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				
	I		Check the	box to indicate no change	•
8. If adding or amending	additional provisions, o	complete the following se	ction:		
			Chook the	, hav ta indiaata na ahana	⊸ ਿ ੋ
9. As required by RIGL		naid all fees and taxes	Check the	e box to indicate no chang	6 [V]
		be effective: CHECK ON	E BOX ONLY		
Date received (Upon					
Later effective date	(Date must be no more	than 90 days from the da	ate of filing)		
		at I have examined these ents contained herein are		ent, including any	
Type or Print Name of Limit	ed Liability Company			Date	
Dridrigal Const	ruction, LLC)-2-20	
Signature of Authorized Per		SIGN DOCUMENT HER	٤E	•	
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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:

March 31, 2020 02:07 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

