RI SOS Filing Number: 202198180380 Date: 6/11/2021 1:53:00 PM



Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE 1
BUS SVCS DIV

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Pursuant to the provisions of RIGL amends its Articles of Organization	7-16-12 the undersigned limited liability compass follows:	pany hereby
1. Entity ID Number:	2. The name of the limited liability compan	y is:
1674864	CASTILLO 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: 		
		Check the box to indicate no change
	ging, complete the following section: CHECK	ONE BOX ONLY
Perpetual (on-going)		
Date certain for dissolution _		Check the box to indicate no change
6. If the entity's tax status is chan	ging, complete the following section: CHECK	ONE BOX ONLY
Partnership or		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
A corporation or		
Disregarded as an entity seg	erate from its member(s)	
	• •	Check the box to indicate no change
7. If the management structure is	changing, complete the following section:	
The Limited Liability Company is	to be managed by: CHECK ONE BOX ONLY	
Its member(s) (If you have c	hecked this box, skip to Section 7. DO NOT fi	ill out the chart below.)
	(If the limited liability company has manager me and address of each manager on the next	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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MANAGER	ADDRESS		
JULIO C CASTILLO	107 GLADSTONE ST CRANSTON, RI 02920		
GISELLE CEBALLOS	107 GLADSTONE ST CRANSTON, RI 02920		
	Check the	box to indicate no change	
9 As required by RIGL 7-16-67 to	Check the chity has paid all fees and taxes.	e box to indicate no change 🗹	
	mendment 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 Limited Liability	y Company	Date	
JULIO C CASTILLO		05/17/21	
Signature of Authorized Person			
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I, NELLIE M. GORBEA, 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:

June 11, 2021 01:53 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

