



State of Rhode Island.

Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
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### Articles of Amendment

DOMESTIC Limited Liability Company

→ 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. Entity ID Number:  000794702	2. The name of the limited liability company is:  PHIL LAFRENAYE PLASTERING, LLC
3. If the entity's name is changing, state the new name:  PHIL LAFRENAYE CONSTRUCTION, LLC  Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section:  2 Medinah Drive, West Warwick, RI 02893  Check the box to indicate no change <input type="checkbox"/>	
5. If the period of 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"/>	
6. If the entity's tax status is changing, complete the following section <b>CHECK ONE BOX ONLY</b>  <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s)  Check the box to indicate no change <input checked="" type="checkbox"/>	
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>  <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. <b>DO NOT</b> fill out the chart below.) <input type="checkbox"/> 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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FILED

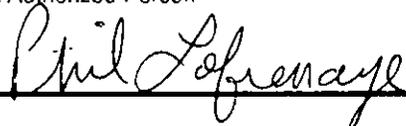
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AUG 17 2021

BY 901 VC13

FOR  
SECRETARY OF STATE  
USE ONLY

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 <input checked="" type="checkbox"/>	
8. If adding or amending additional provisions, complete the following section.	
Check the box to indicate no change <input checked="" type="checkbox"/>	
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: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Limited Liability Company	Date
PHIL LAFRENAYE PLASTERING, LLC	August 10, 2021
Signature of Authorized Person	
	

**ACTION BY UNANIMOUS WRITTEN CONSENT OF THE MEMBERS OF  
Phil Lafrenaye Plastering, LLC  
a Rhode Island Limited Liability Company**

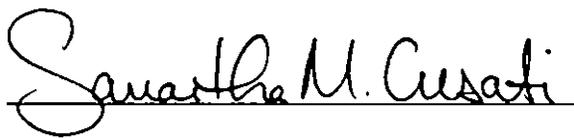
THE UNDERSIGNED, constituting all of the members of Phil Lafrenaye Plastering, LLC ("Company"), a Rhode Island limited liability company, do hereby consent in writing to the following actions of the Company in lieu of a meeting:

RESOLVED: Each of the Members hereby consents to the entity name changing to "Phil Lafrenaye Construction, LLC."

RESOLVED: Each of the Members hereby consents to the principal office address of the entity changing to 2 Medinah Drive, West Warwick, Rhode Island 02893.

IN WITNESS WHEREOF, each of the Members of the Company has executed this consent as of the 10<sup>th</sup>, day of August, 2021.

WITNESS

  
\_\_\_\_\_

  
Philippe Lafrenaye  
Sole Member

The following has been appended to this Consent:



State of Rhode Island  
**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,  
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:

August 17, 2021 02:16 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

