

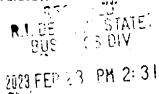
State of Rhode Island

Department of State - Business Services Division

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:			
Entity ID Number:	2. The name of the limited liability company	is:		
001726528	Coyle Estate, LLC			
If the entity's name is changing state the new name;	Acadian House Buyers, LLC			
		Check the box to indicate no change		
4. If the principal office address of the entity is changing, complete the following section:				
		Check the box to indicate no change X		
5. If the period of duration is changing, 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 changing, complete the following section: CHECK ONE BOX ONLY				
Partnership or				
A corporation or				
Disregarded as an entity separate from its member(s)				
7. If the management structure is	obonging complete the fellowing constitution	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 checked this box, skip to Section 7. DO NOT fill out the chart below.)				
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.)				

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**

MANACED	ADDDEGG		· · · · · · · · · · · · · · · · · · ·		
MANAGER	ADDRESS				
Jessie L Scott III	372 Central Ave, Un	372 Central Ave, Unit 8, Pawtucket, RI 02860			
Dalila Boyd	372 Central Ave, Ur	372 Central Ave, Unit 8, Pawtucket, RI 02860			
······································			Check the box to indicate no change		
0 A	07 1	-···· • · ·	Check the box to indicate no change		
······································	-67, the entity has paid all fees of Amendment will be effective	• • • • • • • • • • • • • • • • • • • •	ONLY		
☑ Date received (Upon fili			· · · · · · · · · · · · · · · · · · ·		
	eclare and affirm that I have exa and that all statements contain				
Name of Authorized Person		Street Address	Street Address		
Dalila Boyd		372 Central Ave, Unit 8			
City/Town		State	Zip Code		
Pawtucket, RI		RI	02860		
Signature of Authorized Pers	son	1	Date		
Pall C Buyd			1/28/23		

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