

State of Rhode Island
Department of State - Business Services Division

## **Articles of Amendment**

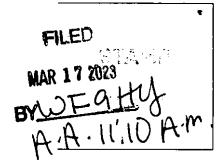
DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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

1. Entity ID Number:	2. The name of the limited liability company i	is:	
001746441	C&I ENTERPRISES, LLC		
<ol> <li>If the entity's name is changing, state the new name:</li> </ol>			
		Check the box to indicate no change	
<ol> <li>If the principal office address of the entity is changing, complete the following section:</li> </ol>	3		
		Check the box to indicate no change 🖌	
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)			
		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 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



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MANAGER	ADDRESS			
	· · ·			
	Check the	box to indicate no change		
8. If adding or amending additional provisions, complete the following section:				
		e box to indicate no change 🗹		
	ne entity has paid all fees and taxes.			
10. Date when these Articles of Amendment 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 accompanying attachments, and the	and affirm that I have examined these Articles of Amendm nat all statements contained herein are true and correct.	ent, including any		
Type or Print Name of Limited Liability		Date		
ISAIAH SPOTTS - MEMBER		9-29-2022		
Signature of Authorized Person		·		
VS/hSA				
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

March 17, 2023 11:10 AM

Treng M. Course

Gregg M. Amore Secretary of State

