



State of Rhode Island

Department of State - Business Services Division

## Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV.  
2023 JUN 26 A 8:54

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

<b>1. Entity ID Number:</b>  001751926	<b>2. The name of the limited liability company is:</b>  Blackedout Sealcoating LLC
<b>3. If the entity's name is changing, state the new name:</b>  <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div>	
<b>4. If the principal office address of the entity is changing, complete the following section:</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;">                         417 Wood Avenue Suite 2                     </div> <div style="flex: 1; text-align: right;">                         Barrington RI 02806                     </div> </div> <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div>	
<b>5. If the period of duration is changing, complete the following section: 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"/>	
<b>6. If the entity's tax status is changing, complete the following section: 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 type="checkbox"/>	
<b>7. If the management structure is changing, complete the following section:</b>	
<b>The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT 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.)	

### MAIL TO:

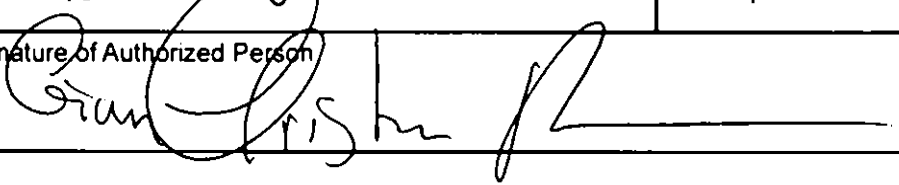
Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED  
JUN 26 2023  
BY ML BDMG  
8:54

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) _____		
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.		
Name of Authorized Person	Street Address	
Gian-Christiqn Paris	47 WOOD Avenue Ste 2	
City/Town	State	Zip Code
Barrington	RI	02806
Signature of Authorized Person		Date
		6/26/23



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:

June 26, 2023 08:54 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

