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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 JUL 28 P 2: 23

Pursuant to the provisions of RIGL 7 amends its Articles of Organization a	7 <u>-16-12</u> the undersigned limited liability com as follows:	pany hereby	
1. Entity ID Number:	2. The name of the limited liability company is:		
001734859	LUIS MASONRY & CONSTRUCTION LLC		
3. If the entity's name is changing, state the new name:			
		Check the box to indicate no change	
4. If the principal office address of the entity is changing, complete the following section:	3		
		Check the box to indicate no change	
5. If the period of duration is chang	ing, 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 change	ing, complete the following section: CHECK	ONE BOX ONLY	
Partnership or			
A corporation or	•		
Disregarded as an entity sepa	rate 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		
lts member(s) (If you have che	ecked this box, skip to Section 7. DO NOT f	ill out the chart below.)	
	If the limited liability company has manager e 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

BY ( 3 J V 27 ): 33

MANAGER	ADDRESS			
LUIS CHAVEZ	416 KILLINGLY ST., PROVIDENCE, RI 02909			
ANTHONY CHAVEZ	416 KILLINGLY ST., PROVIDENCE, RI 02909			
JAMES CHAVEZ	416 KILLINGLY ST., PROVIDENCE, RI 02909			
		Check the	box to indicate no change	
Check the box to indicate no change   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: 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.				
Name of Authorized Person		Street Address		
LUIS CHAVEZ		416 KILLINGLY ST		
City/Town		State	Zip Code	
PROVIDENCE		RI	02909	
Signature of Authorized Person			Date	
Luis & Owe.			06/04/2023	

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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:

July 26, 2023 02:23 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

