



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
 24 JAN 18 AM 11:35:10

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: 001742043 | 2. The name of the limited liability company is: Corduroy Green & Co., LLC |
| 3. If the entity's name is changing, state the new name: McVick Homes, 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: | |
| Check the box to indicate no change <input checked="" type="checkbox"/> | |
| 5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY | |
| <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: CHECK ONE BOX ONLY | |
| <input type="checkbox"/> Partnership or | |
| <input checked="" 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"/> | |
| 7. If the management structure is changing, complete the following section: | |
| The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY | |
| <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.) | |

FILED
 11:35
 JAN 18 2024
 BY KE47M
 AC

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

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate no change

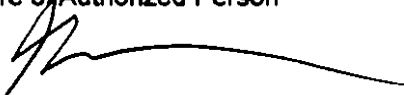
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

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 KYLE MCVICKER | | Street Address 64 FRIENDSHIP STREET | |
| City/Town NEWPORT | State RI | Zip Code 02840 | |
| Signature of Authorized Person  | | Date 01/12/24 | |



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:

January 18, 2024 11:35 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

