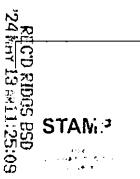
## State of Rhode Island Department of State - Business Services Division

## **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:	

1. Entity ID Number:	2. The name of the limited liability company is:		
001717375	REAL EMPIRE CONSTRUCTIO	ON LLC	
3. If the entity's name is changing, state the new name:	REAL EMPIRE CONSTRUCTION S	SERVICE LLC	
		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 chang	ing, complete the following section: CHECK O	INE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolution		Check the box to indicate no change	
6. If the entity's tax status is changi	ing, complete the following section: CHECK O	NE BOX ONLY	
Partnership or			
A corporation <b>or</b>			
Disregarded as an entity separate	rate from its member(s)		
		Check the box to indicate no change	
7. If the management structure is cl	hanging, complete the following section:		
The Limited Liability Company is to	be managed by: CHECK ONE BOX ONLY		
Its member(s) (If you have che	ecked this box, skip to Section 7. DO NOT fill o	out the chart below.)	
	If the limited liability company has manager(s) e and address of each manager on the next pa		

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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			
9 If and			Check the box to indicate no cha	
5. If adding or amending a	additional provisions, co	mplete the following section		inge _
		_		
As required by RIGL 7-1	6-67; the entity has not		Check the box to indicate no cha	inge 🔽
0. Date when these Article	s of Amondmont will I	u all fees and taxes.		
	s of Amendment will be	effective: CHECK ONE BO	K ONLY	_
Date received (Upon fi	ling)			
	ate must be no more that	an 90 days from the date of f	ling)	
Inder penalty of periury 1 o	leclare and offered to the			
ccompanying attachments	. and that all statement	have examined these Article s contained herein are true a	s of Amendment, including any	
ame of Authorized Person			nd correct.	
ERMIN VASQUEZ		Street Address		
		20 SUNSET A	VE	
ty/Town		State		_
ROVIDENCE			Zip Code	
		RI	02909	I
gnature of Authorized Pers	ւ <u>––––</u> ––––––––––––––––––––––––––––––––			
Fermin 1			Date	
	uger		05/01/2024	
	•			
	· 7			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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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:

May 13, 2024 11:29 AM

Areg M. Couve

Gregg M. Amore Secretary of State

