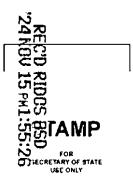


State of Rhode Island
 Department of State - Business Services Division

Articles of Amendment

DOMESTIC Limited Liability Company

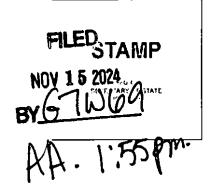
 \rightarrow Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby	
amends its Articles of Organization as follows:	
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1. Entity ID Number:	2. The name of the limited liability cor	npany is:			
1775088	Andy's Land:	scaping LLC.			
3. If the entity's name is changing, state the new name:	Coastal Gree	n Landscaping LLC. Check the box to indicate no change			
 If the principal office address of the entity is changing, complete the following section: 					
		Check the box to indicate no change 🗹			
5. If the period of duration is chang	ing, complete the following section: CH	ECK 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 sepa	rate from its member(s)	Check the box to indicate no change 🚺			
7. If the management structure is changing, 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



Check the box to indicate no change As required by RIGL 7.16-67, the entity has paid all fees and taxes. Check the box to indicate no change Check the box to indicate no change Later effective date (Date must be no more than 90 days from the date of filing) Check the box to indicate no change Check the box to indicate no than 90 days from the date of filing Check the box to indicate no change Check the box to indicate no change Check the box to indicate no	MANAGER	ADDRESS		
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Claudia Natareno 46 Sherwood Ave. Sity/Town State Zip Code N-P. R= 02911 Signature of Authorized Person Date				
City/Town State Zip Code N - P. R_+ O 2 9 11 Signature of Authorized Person Date	Name of Authorized Pe	rson	Street Address	
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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.

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:

November 15, 2024 01:55 PM

Treng M. Course

Gregg M. Amore Secretary of State

