RI SOS Filing Number: 202567566270 Date: 3/20/2025 10:32:00 AM



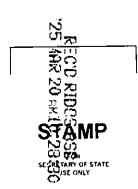
State of Rhode Island

**Department of State - Business Services Division** 

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

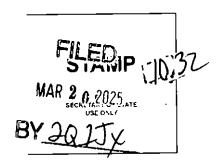


Pursuant to the provisions of RIGL 2 amends its Articles of Organization a	2-16-12 the undersigned limited liability compass follows:	any hereby	and the same of th
1. Entity ID Number:	2. The name of the limited liability company	is:	
001757718	104 Miner, LLC	_	
3. If the entity's name is changing, state the new name:	RODMY CONSTRUCTION SOLU	ITION'S LLL	
		Check the box to indica	ate no change 🔲
4. If the principal office address of the entity is changing, complete the following section:	<b>-</b>		
Tollowing section.		Check the box to indic	ate 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 chang	ing, complete the following section: CHECK	ONE BOX ONLY	
Partnership or		<del></del> -	
A corporation or			
Disregarded as an entity sepa	rate from its member(s)	Check the box to indic	ate 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 ch	ecked this box, skip to Section 7. DO NOT fil	ll out the chart below.)	
One (1) or more manager(s) of Amendment, state the name	(If the limited liability company has manager( he and address of each manager on the next	s) at the time of the filing of page.)	of these Articles

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



	<del></del>		·	
MANAGER	ADDRESS			
		Check the	box to indicate no change	
8. If adding or amending additional provisions, complete the following section:				
		Check_the	e box to indicate no change 🗹	
9. As required by RIGL 7-16-6	7, the entity has paid all fees a	nd taxes.		
10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY				
Data received (Upon filing)				
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 declar accompanying attachments, ar	are and affirm that I have exand that all statements contained	nined these Articles of Amendm d herein are true and correct.	ent, including any	
Name of Authorized Person Street Address		<u> </u>		
ROOTED ENRIGE	IE RODU/FOM.	104 MINER ST		
City/Town /		State	Zip Code	
PROVID	ENCE	R/	02905	
Signature of Authorized Person			Date	
. / huf			03/20/2025	

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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:

March 20, 2025 10:32 AM

Gregg M. Amore Secretary of State

Treg M. Coure

