



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 MAY 20 P 2:59

# **Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

|  |   |
|--|---|
| 1. Entity ID Number:<br><b>001707351</b>   | 2. The name of the limited liability company is:<br><b>New Model Architecture LLC</b> |
| 3. The document to be corrected is: <b>Articles of Organization</b>  |   |
| 4. The name of each party to the document being corrected is: <b>Ian Baldwin</b>   |   |
| 5. The date the document being corrected was originally filed on: <b>5/1/2020</b>  |   |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br><b>Article III - checked off "a partnership" in error</b> |   |
| <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>   |   |
| 7. The new corrected portion of the document states as follows:<br><b>Article III - check off "disregarded as an entity separate from its members"</b>                                       |   |
| <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>   |   |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAY 20 2020**

KL PGP25  
 2:59

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

*Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Limited Liability Company

Date

New Model Architecture LLC

5/5/2020

Signature of Authorized Person



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](mailto:corporations@sos.ri.gov).

2020 MAY 20 P 2:59

RECEIVED  
R.I. DEPT. OF STATE  
BUSINESS DIV  
Rev. sed 01/2019



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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 20, 2020 02:59 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

