



State of Rhode Island  
Department of State - Business Services Division

FILED  
RI DEPT OF STATE  
BUS SVCS DIV  
2020 OCT -9 PM 12:46

## 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>001713532   | 2. The name of the limited liability company is:<br>LOUISBOURG REALTY, LLC |
| 3. The document to be corrected is:<br>Articles of Organization   |  |
| 4. The name of the individual(s) who signed the document being corrected is:<br>David Goldstein   |  |
| 5. The date the document being corrected was originally filed on:<br>10/1/2020  |  |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br>Principal office address:<br>290 Atlantic Avenue<br>Massapequa Park, NY 11762<br><i>IN correct</i> |  |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |
| 7. The new corrected portion of the document states as follows:<br>Principal office address:<br>4940 Merrick Road #261<br>Massapequa Park, NY 11762<br><i>correct</i>   |  |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |
| 8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.   |  |

### 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)

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FORM 403 - Revised: 08/2020

*AA. 12:46 PM*

*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

Louisbourg Realty, LLC

Date

10/5/20

Signature of Authorized Person





State of Rhode Island

**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,  
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:

October 09, 2020 12:46 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

