RI SOS Filing Number: 202100024850 Date: 8/6/2021 10:58:00 AM



## **Certificate of Correction**

**Limited Liability Company** 

→ Filing Fee: \$50.00

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2021 AUG -6 ACRIG: 5.8 ATE

Pursuant to the provisions of Ri submits the following Certificate	GL <u>7-16-13</u> the undersigned limited liability company hereby of Correction:
1. Entity ID Number:	2. The name of the limited liability company is:
001721274	D'GUCCY FRITURA LLC
3. The document to be correct ARTICLES OF ORGANIZ	
4. The name of the individual(s	s) who signed the document being corrected is: OS
5. The date the document bein 06/01/2021	g corrected was originally filed on:
6. The typographical error, erro	or of transcription or other technical error, or the defect in the execution of the document is:
·	WHEN THE APPLICATION WAS FILED BY
MISTAKE, IT WAS ELEC FROM ITS MEMBER.	TED TO BE TREATED DISREGARDED AS AN ENTITY SEPARATE
	Check the box to indicate an attachmentI
7. The new corrected portion, o	to be theated as a Lorronation.
	Check the box to indicate an attachment
8. As required by RIGL 7-16-6	7, 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 FILED
AUG 0 6 2021 AMP
BY COLUMN 1 RUPE

10:58

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.			
Name of Authorized Person	Street Address		
MIGUEL DE LOS SANTOS	519 HARTFORD AVE		
City/Town	State	Zip Code	
PROVIDENCE	RI	02909	
Signature of Authorized Person  Migus DELOS 5/Anto)		Date 08/05/2021	

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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:

August 06, 2021 10:58 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

