



State of Rhode Island
Department of State - Business Services Division



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R.I. DEPT. OF STATE
BUS SVCS DIV.

2021 SEP 17 PM 4:03

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:

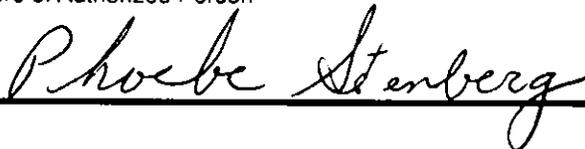


1. Entity ID Number: 001729082	2. The name of the limited liability company is: PHOEBE STENBEG, NP LLC	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV. 2021 OCT 1 PM 12:06
3. The document to be corrected is: L Articles of Organization		
4. The name of the individual(s) who signed the document being corrected is: PHOEBE STENBEG		
5. The date the document being corrected was originally filed on: 09/08/20021		
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: THE CORRECTED NAME OF THE COMPANY IS PHOEBE STENBERG, NP LLC The OLD NAME A <u>R</u> WAS OMITTED FROM. STENBERG <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>		
7. The new corrected portion of the document states as follows: PHOEBE STENBERG, NP LLC This is The CORRECTED NAME OF The LLC. <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>		
8. As required by RIGL 7-16-6Z, 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
12:06
OCT 01 2021
BY 01396KAH

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 02920PHOEBE STENBERG	Street Address 43 BAGLEY AVENUE	
City/Town CRANSTON	State RI	Zip Code 02920
Signature of Authorized Person 		Date 10/14/2021



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 01, 2021 12:06 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

