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FOR
 SECRETARY OF STATE
 USE ONLY

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: 001722847	2. The name of the limited liability company is: PRINCELY GRACE LLC
3. The document to be corrected is: FORM No 400 ARTICLES OF ORGANIZATION	
4. The name of the individual(s) who signed the document being corrected is: ADEGBOLA SUUWADE	
5. The date the document being corrected was originally filed on: 04/26/2021	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: ARTICLE III FORM 400, THE INTENDED LIMITED LIABILITY COMPANY IS BEING TREATED AS A PARNERTSHIP. THE WRONG BOX WAS SELECTED.	
<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: WE MEANT TO SAY THAT THE INTENDED LIMITED LIABILITY COMPANY IS INTENDED TO BE TREATED AS A CORPORATION. PLEASE UPDATE THE INFORMATION IN THE SYSTEM. WE APOLOGIZE FOR THE INCONVENIENCE THIS MAY CAUSE YOU	
<p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
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

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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
SAMSON A OLADINI

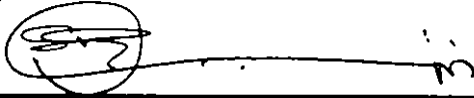
Street Address
420 WOODWARD RD APT 22

City/Town
PROVIDENCE

State
RI

Zip Code
02908

Signature of Authorized Person



Date
12/27/2021