



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2023 SEP -1 P 1:12

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: 1762235	2. The name of the limited liability company is: 24 Miantonomi Avenue, LLC
3. The document to be corrected is: Articles of Organization	
4. The name of the individual(s) who signed the document being corrected is: Cristina M. Offenbergl, Esq.	
5. The date the document being corrected was originally filed on: 8/28/2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: The name should have simply been "Miantonomi, LLC" incorrect name 24 Miantonomi Avenue, LLC	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: The name of the limited liability company is Miantonomi, LLC	
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

FILED

SEP 01 2023

BY LKS PZG Gw

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

Cristina M. Offenberg, Esq.

Street Address

1100 Aquidneck Ave.

City/Town

Middletown

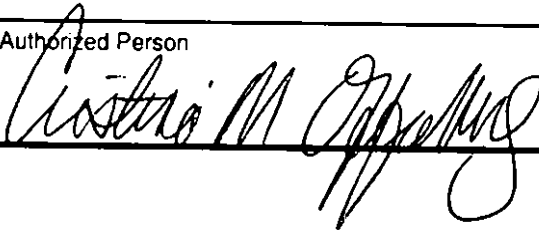
State

RI

Zip Code

02842

Signature of Authorized Person



Date

8/29/2023

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.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

September 01, 2023 01:12 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

