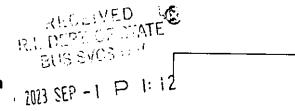


State of Rhode Island **Department of State - Business Services Division**



Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of submits the following Certific	RIGL <u>7-16-13</u> the undersigned limited liabil ate of Correction:	ity company hereby
1. Entity ID Number:	2. The name of the limited liability comp.	any is:
1762235	24 Miantonomi Avenue, LLC	
3. The document to be corre	ected is:	
Articles of Organization	1	
4. The name of the individua	al(s) who signed the document being correct	ted is:
Cristina M. Offenberg,	Esq.	
5. The date the document be 8/28/2023	eing corrected was originally filed on:	
	simply been "Miantonomi, LLC" NL 24 Miantonomi, LLC"	Avenue, LLC
		Check the box to indicate an attachment
	of the document states as follows: by company is Miantonomi, LLC	
8. As required by RIGL 7-16-	67, the entity has paid all fees and taxes.	Check the box to indicate an attachment
MAIL TO:	are part on 1000 and taxes.	FILED
MAIL TO: Division of Business Services		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 403 - Revised 7/2023

Name of Authorized Person	Street Address	
Cristina M. Offenberg, Esq.	1100 Aquidneck Ave.	
City/Town	State	Zip Code
Middletown	RI	02842
Signature of Authorized Person	Date	
Listero M Mas	MUD	8/29/2023