



State of Rhode Island
Department of State - Business Services Division

Certificate of Correction
Limited Liability Company

→ Filing Fee: \$50.00

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

2023 OCT -4 P 1:59

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: 1700906	2. The name of the limited liability company is: Mossa Del Re LLC
3. The document to be corrected is: Articles of Amendment	
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: 9/27/2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: The name was mis-typed. Instead of "Mossa Del Re LLC" it should have been "Mossa Da Re LLC"	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: Article 1 should read "Mossa Da Re 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

OCT 04 2023 1:59pm

BY LKS 9C4NZ

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

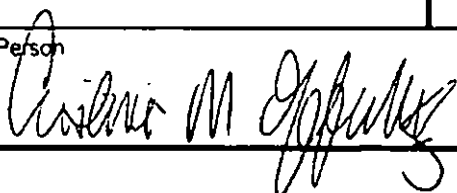
State

RI

Zip Code

02842

Signature of Authorized Person



Date

9/29/2023

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 - Business Services Division

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

2023 OCT -4 P 1:59

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-12 the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number: 1700906	2. The name of the limited liability company is: 75MIP LLC
3. If the entity's name is changing, state the new name: Mossa Da Re LLC Check the box to indicate no change <input type="checkbox"/>	
4. If the principal office address of the entity is changing, complete the following section: 28 Russell Ave., Newport, RI 02842 Check the box to indicate no change <input type="checkbox"/>	
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ Check the box to indicate no change <input checked="" type="checkbox"/>	
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input type="checkbox"/> Disregarded as an entity separate from its member(s) Check the box to indicate no change <input checked="" type="checkbox"/>	
7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)	

FILED

OCT 04 2023

BY _____

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MANAGER	ADDRESS

Check the box to indicate no change ☒

8. If adding or amending additional provisions, complete the following section:
 The mailing address of the LLC is changed to 84 Honeyman Ave., Middletown, RI 02842

Check the box to indicate no change ☐

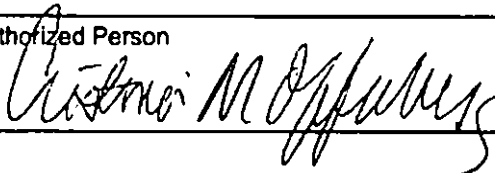
9. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person Cristina M. Offenber, Esq.	Street Address 1100 Aquidneck Ave.	
City/Town Middletown	State RI	Zip Code 02842
Signature of Authorized Person 		Date 9/29/2023

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:

October 04, 2023 01:59 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

