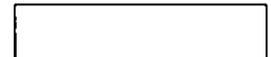




State of Rhode Island  
Department of State - Business Services Division



**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

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BUS SVCS DIV  
SECRETARY OF STATE  
USE ONLY  
2024 JAN 12 A 10:30

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:  001767525	2. The name of the limited liability company is:  Linda's Magic Cleaning 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:  IVANDA LOPES	
5. The date the document being corrected was originally filed on:  01/08/2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:  THE RESIDENT AGENT AND MANAGER NAME WERE INCORRECTLY RECORDED AS: JUANDA LOPES  A SECOND MANAGER WAS NOT RECORDED  <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:  THE RESIDENT AGENT AND MANAGER NAME SHOULD READ: IVANDA LOPES  A SECOND MANAGER SHOULD BE LISTED ALONG WITH IVANDA LOPES THE SECOND MANAGER IS:  EDSON A. MASCARENHAS DE OLIVEIRA 670 N MAIN ST APT 9G PROVIDENCE, RI 02904  <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
8. As required by RIGL <u>7-16-67</u> , 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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JAN 12 2024  
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BY ML G8X83

10:30

*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 IVANDA LOPES	Street Address 43 JAPONICA STREET	
City/Town PAWTUCKET	State RI	Zip Code 02860
Signature of Authorized Person 		Date 01/12/2024

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](mailto: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:

January 12, 2024 10:30 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

