

Certificate of Correction

Limited Liability Company

Division of Business Services

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

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

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE DUS SYCS DEV

2024 JAN 17 P 1:51

Pursuant to the provisions of RI submits the following Certificate		ed limited liab	ility company h	ereby		
1. Entity ID Number:	2. The name of the limite	d liability com	pany is:			
1760457	Long Bond	/pme	Improvan	rask L	LC	
3. The document to be correct	ed is:	· · · · · · · · · · · · · · · · · · ·				
Articals of ord	Azation					
4. The name of the individual(s	s) who signed the docume	nt being corre	cted is:			
5. The date the document bein		y filed on:			· · · · · · · · · · · · · · · · · · ·	
	Inducates	PATTAGS	hiP -			
7. The new corrected portion of	f the document states as f	follows:				
Articale 3	D157=4. 145 ma	Ald E	notify ?	seperate	e from	
			Check	the box to inc	dicate an attachme	ent 🗀
8. As required by RIGL 7-16-67	7, the entity has paid all fe	es and taxes.				
MAIL TO:				F	ILED :51	

JAN 17 2024

Under penalty of perjury, I declare and affirm that I ha accompanying attachments, and that all statements c			
Name of Authorized Person Black	Street Address		
City/Town WAKEField	State	Zip Code OLF TS	
Signature of Authorized Person		Date 1/15/24	