

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV STAMP WILL JAN 18 Por 3: 14 SECRETARY OF STATE USE ONLY

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

| Pursuant to the provisions of RI submits the following Certificate | GL $7-16-13$ the undersigned limited lies of Correction: | ability company hereby |
|---|---|---|
| 1. Entity ID Number: | 2. The name of the limited liability co | mpany is: |
| 001762617 | Vremium LLC | |
| 3. The document to be correct | ed is: | |
| Articles of Organization | | |
| 4. The name of the individual(s CHEYENNE MOSELEY | s) who signed the document being cor | rected is: |
| 5. The date the document bein 09/06/2023 | ng corrected was originally filed on: | |
| Selected Corporation AS THY | · | ror, or the defect in the execution of the document is: |
| | | Check the box to indicate an attachment |
| Select Disregarded as an ent | of the document states as follows: iity separate from its member THY SHA-HW | |
| 8 As required by RIGL 7 16 6 | 7 the entity has paid all fees and tave | Check the box to indicate an attachment |

MAIL TO:

Division of Business Services

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

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



| 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 | Street Address | | | |
| Jekrey Ramos | 231 Garden | < St | | |
| City/Town \ | State | Zip Code | | |
| Particket | IS | 02860 | | |
| Signature of Authorized Person | | Date | | |
| | | 01/18/2024 | | |
| | | , | | |