



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.
2024 JAN 22 AM 11:14

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: 001767021	2. The name of the limited liability company is: Story Media Services 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: Nat Smith	
5. The date the document being corrected was originally filed on: 12/28/2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Article III - "a corporation" was selected incorrectly	
<p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
<p>7. The new corrected portion of the document states as follows:</p> <p>Article III - Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:</p> <p>disregarded as an entity separate from its member</p> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
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

JAN 22 2024
BY ML 21257
11:14

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 Nat Smith	Street Address 47 Wood Ave Suite 2	
City/Town Barrington	State RI	Zip Code 02806
Signature of Authorized Person 		Date 01/16/2024



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 22, 2024 11:14 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

