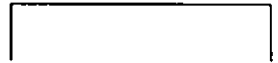




State of Rhode Island  
Department of State - Business Services Division



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BUS SVCS DIV

2024 JAN 26 P 1:02

### Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

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: <p>001768087</p>	2. The name of the limited liability company is: <p>The Pools Company LLC</p>
3. The document to be corrected is: <p>Articles of Organization</p>	
4. The name of the individual(s) who signed the document being corrected is: <p>Luis Rodriguez</p>	
5. The date the document being corrected was originally filed on: <p>01/18/2024</p>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <p>To correct an error - The name shouldn't have been "The Pools Company LLC"</p>	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: <p>The name should've been: "Pools Company LLC"</p>	
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.	

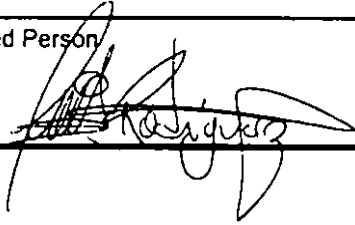
**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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JAN 26 2024  
BY ML 508RX  
1:02

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 <i>Luis Rodriguez</i>	Street Address <i>591 Smithfield Rd</i>	
City/Town <i>North Providence</i>	State <i>RI</i>	Zip Code <i>02904</i>
Signature of Authorized Person 		Date <i>01/26/2024</i>

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 26, 2024 01:02 PM

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

Gregg M. Amore  
*Secretary of State*

