

State of Rhode Island **Department of State - Business Services Division**

Certificate of Correction

Limited Liability Company

→Filing Fee: \$50.00

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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: 2. The name of the limited liability company is: 1770349 ASSOCIAtes LCC 3. The document to be corrected is: organization at Av ticles 4. The name of the individual(s) who signed the document being corrected is: IAMES 1291 5. The date the document being corrected was originally filed on: 246. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: JHS ASSCOCIAtes, Limited Liability company" LLC name is spelt wrong. Check the box to indicate an attachment The new corrected portion of the document states as follows: the LLC name is "JMS Associates, LLC " Check the box to indicate an attachment L 8. As required by RIGL 7-16-67, the entity has paid all fees and taxes. FILED MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 MAR **11** 2024 Phone: (401) 222-3040 BYPAL 3BNKK

Website: www.sos.ri.gov

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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 JMMES HZALY	Street Address FO Fisher	ROAD UNITOH
City/Town Cupbor Lood	State PT	Zip Code O J J G Y
Signature of Authorized Person		Date 3/11/24

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:

March 11, 2024 01:19 PM

Areg M. Couve

Gregg M. Amore Secretary of State

