



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
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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: 1775098	2. The name of the limited liability company is: Jaded Rabbits Farm, 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: Macalister Sleprow, Esq.	
5. The date the document being corrected was originally filed on: June 10, 2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: 3. 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: X Partnership <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: 3. 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: X DISREGARDED AS AN ENTITY SEPARATE FROM ITS MEMBER(S) <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
8. As required by RIGL <u>7-16-67</u> , 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

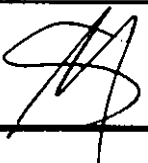
FILED

JUN 20 2024

BY *DAHBC*
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30M 403 Revised: 12/2023

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 Macalister Sleprow	Street Address 1481 Wampanoag Trail	
City/Town East Providence	State RI	Zip Code 02915
Signature of Authorized Person 		Date 6/17/24

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.