

REC'D RIDOS BSD
24 JUN 27 AM 10:05:59State of Rhode Island
Department of State - Business Services Division**Certificate of Correction**

Limited Liability Company

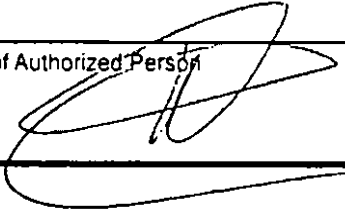
→ Filing Fee: \$50.00

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: 001773544	2. The name of the limited liability company is: Boba On Bowens, LLC
3. The document to be corrected is: Article of Organization	
4. The name of the individual(s) who signed the document being corrected is: Kristen Szklarz	
5. The date the document being corrected was originally filed on: 05/08/2024	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Error 1: The apostrophe is missing in Bowens Error 2: The registered agent Carmela Szklarz Address 658 Middle Rd. Portsmouth, RI 02871 Error 3: Nature of entity "disregarded" single member LLC <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: Correction 1: Boba On Bowen's, LLC Correction 2: Registered Agent: Kristen Szklarz Address: 58 Franca Dr. Bristol, RI 02809 Correction 3: Nature of the entity is a "partnership" LLC taxed as a partnership <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
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**JUN 27 2024
BY V9 DSO
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FORM 403 - Revised: 12/2023

<i>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.</i>		
Name of Authorized Person Kristen Szklarz	Street Address 58 Franca Dr.	
City/Town Bristol	State RI	Zip Code 02809
Signature of Authorized Person 		Date 06/26/2024



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:

June 27, 2024 10:05 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

