



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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:

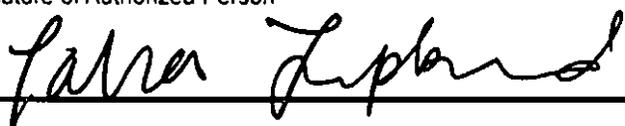
1. Entity ID Number: <i>1775732</i>	2. The name of the limited liability company is: <i>Talia G Biv Studios LLC</i>
3. The document to be corrected is: <i>Articles of Organization</i>	
4. The name of the individual(s) who signed the document being corrected is: <i>Talia Upkind</i>	
5. The date the document being corrected was originally filed on: <i>June 26, 2024</i>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <i>Article VIII: Effective date: September 23 2024</i> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
7. The new corrected portion of the document states as follows: <i>Article VIII : Effective date: June 25, 2024</i> <p style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></p>	
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 STAMP
JUL 16 2024
BY *E. Q. F. H.*
A.A. 8:51 AM.

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 Talia Lipkind	Street Address 549 Hope St, Apt A	
City/Town Providence	State RI	Zip Code 02906
Signature of Authorized Person 		Date 7/14/2024

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.



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:

July 16, 2024 08:51 AM

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

Gregg M. Amore
Secretary of State

