RI SOS Filing Number: 202460351630 Date: 9/27/2024 11:59:00 AM



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: 001338089 171 Properties, LLC 3. The document to be corrected is: Articles of Amendment dated November 1, 2019 4. The name of the individual(s) who signed the document being corrected is: **David Schwartz** 5. The date the document being corrected was originally filed on: November 1, 2019 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: The Manager was changed to APMC, LLC Check the box to indicate an attachment 7. The new corrected portion of the document states as follows: The Manager is Avance Management, LLC Check the box to indicate an attachment 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 11222

SEP 2 7 202

FORM 403 - Revised

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	Street Address		
David Schwartz	831 Beacon Street, Suite 205		
City/Town	State	Zip Code	
Newton	MA	02459	
Signature of Authorized Person	Date		
Dall A	9/26/2024		

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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:

September 27, 2024 11:59 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

