

2024 OCT 28 PM 1:54  
RECEIVED  
DEPT. OF STATE  
BUS. SVCS. DIV.

**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00 *NO FEE*


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: <b>1779903</b>	2. The name of the limited liability company is: <b>WONDERFUELS LLC</b>
3. The document to be corrected is: <b>articles of organization</b>	
4. The name of the individual(s) who signed the document being corrected is: <b>BILAL AHSAN</b>	
5. The date the document being corrected was originally filed on: <b>10-02-2024</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <b>THE FILLING WAS SUBMITTED AS AN L3C FORM.</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: <b>THE FILLING SHOULD HAVE BEEN SUBMITTED AS ON AN LLC FORM.</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
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 1:54pm**  
OCT 28 2024  
BY *[Signature]*

*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 BILAL AHSAN	Street Address 212 ARBORE	
City/Town CANTON	State MA	Zip Code 02021
Signature of Authorized Person 		Date 10-28-2024

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](mailto:corporations@sos.ri.gov).