

State of Rhode Island

Department of State - Business Services Division

CEATION NE

2024 DEC 17 AM 11: 15

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

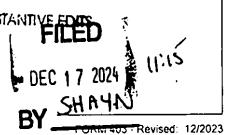
Pursuant to the provisions of RI submits the following Certificate		ed limited liability comp	pany hereby
1. Entity ID Number: File handset 001782074	2. The name of the limited	liability company is:	LLC
3. The document to be corrected Avtiles of Organ	ed is: nization	1	
4. The name of the individual(s	s) who signed the documer	nt being corrected is:	
5. The date the document bein	7	filed on:	
6. The typographical error, error Coviection of	the spelling of	Courseliling	defect in the execution of the document is:
			Check the box to indicate an attachment
7. The new corrected portion of Carly Rewh Cox Address: 99 A	of the document states as for the document states as for the state	ollows:	
8. As required by RIGL <u>7-16-6</u>	7 the entity has paid all fe	**	Check the box to indicate an attachment
			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov A DOS MADE NON-SUBSTANTIVE E



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				
Carly N. Reich	99 Anion Ave				
City/Town	State	Zip Code			
Bristel	FI	02809			
Signature of Authorized Person		Date 12/10/24			

RI SOS Filing Number: 202461813290 Date: 12/17/2024 11:15:00 AM



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:

December 17, 2024 11:15 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

