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## State of Rhode Island

## **Department of State - Business Services Division**

## P. KEC'D RIDOS 850 '25 JAN 15 541:52:1

## **Certificate of Correction**

**Limited Liability Company** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-13</u> 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:
001784119	Nova Health Academy, LLC
3. The document to be corre	ated is:
Articles of Organization	
4. The name of the individua	(s) who signed the document being corrected is:
5. The date the document be	ing_corrected was originally filed on:
01/14/2024	
	ror of transcription or other technical error, or the defect in the execution of the document is: stered was Nova Health Academy, LLC
· · · ·	Check the box to indicate an attachment
7. The new corrected portion Nova Health Programs, LLC	of the document states as follows:
	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 FILED

JAN 1 5 2025

BY 92 K 69

[9]

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		
Evelyn Pinto De Duran	1 Earl Drive		
City/Town	State	Zip Code	
Johnston	RI	02919	
Signature of Authorized Person	Date 1/15/2025		

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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:

January 15, 2025 01:52 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

