



State of Rhode Island  
Department of State - Business Services Division

### Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

REC'D RIDG 650  
25 FEB 12 PM 3:27:00  
STAMP  
SECRETARY OF STATE  
USE ONLY

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>001679879</b>	2. The name of the limited liability company is: <b>Sim Transport LLC</b>
3. The document to be corrected is: <b>ARTICLES OF DISSOLUTION</b>	
4. The name of the individual(s) who signed the document being corrected is: <b>Mohamed Korzazi</b>	
5. The date the document being corrected was originally filed on: <b>07/14/2023</b>	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: <b>Article of dissolution was filled in error</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
7. The new corrected portion of the document states as follows: <b>LLC is active</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:**

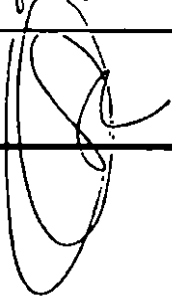
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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STAMP  
FEB 12 2025



BY **WDW/X**  
FOR SECRETARY OF STATE  
USE ONLY

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 <i>Abdullah Karazi</i>	Street Address <i>214 Monticello Rd</i>	
City/Town <i>N. Smithfield</i>	State <i>RI</i>	Zip Code <i>02896</i>
Signature of Authorized Person 		Date <i>02/12/25</i>

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).



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:

February 12, 2025 03:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

