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## State of Rhode Island Department of State - Business Services Division

REC'D RIDOS

## **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 | 1 |
|--|---|
| submits the following Certificate of Correction:   |   |

| (4 5 ··· 15 ·· 1                | 0 Ti                         | 1.0.1.00                | •   |
|---------------------------------|------------------------------|-------------------------|---|
| 1. Entity ID Number:            | 2. The name of the limit     | _                       |   |
| 001761126                       | Leafara                      | Plants LL               | С   |
| 3. The document to be correct   | ed is:                       |                         |   |
| Articles of                     |                              | 1 Organis               | ection                                      |
| 4. The name of the individual(s | s) who signed the docum      | ent being corrected is: |   |
| Joshua Du                       | Parte                        |                         |   |
| 5. The date the document being  | g corrected was original     | ly filed on:            | · · · · · · · · · · · · · · · · · · ·       |
| 8-2-2023                        | )                            |                         |   |
| ,                               |                              |                         | defect in the execution of the document is: |
| Article 3                       | III tax                      | trectment               | Stated                                      |
| , ,                             |                              |                         | " A corporation"                            |
|                                 |                              |                         | - 1   |
|                                 |                              |                         |   |
|                                 |                              |                         |   |
|                                 |                              |                         |   |
|                                 |                              | <u> </u>                | Check the box to indicate an attachment     |
| 7. The new corrected portion of | if the document states as    | follows:                |   |
| Article 1                       | II tax                       | treatment               | should be                                   |
|                                 | ( )                          | ι .                     | 10  |
|                                 | ι' Α                         | partnersh;              | ۴   |
|                                 |                              | •                       | •   |
|                                 |                              |                         |   |
|                                 |                              |                         |   |
|                                 |                              |                         | Check the box to indicate an attachment     |
| 8. As required by RIGL 7-16-67  | 7, the entity has paid all f | ees and taxes.          |   |
|                                 |                              | <del></del>             | Pra   |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 09 2025

BY M9 59 C 1:23

FORM 403 - Revised: 12/2023

| 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 575 Perry Hill Rd |          |  |  |
| OShua Duarta   | State                            | Zip Code |  |  |
| Coventry   | RI                               | 02816    |  |  |
| Signature of Authorized Person   |                                  | G-9-2025 |  |  |

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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:

June 09, 2025 01:23 PM

Gregg M. Amore Secretary of State

Treg M. Coure

