



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUN 9 PM 1:23:25

**Certificate of Correction**

Limited Liability Company

→ Filing Fee: \$50.00

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:<br><b>001761126</b>                                                                                                                                                   | 2. The name of the limited liability company is:<br><b>Leafara Plants LLC</b> |
| 3. The document to be corrected is:<br><b>Articles of 1 Organization</b>                                                                                                                   |                                                                               |
| 4. The name of the individual(s) who signed the document being corrected is:<br><b>Joshua Duarte</b>                                                                                       |                                                                               |
| 5. The date the document being corrected was originally filed on:<br><b>8-2-2023</b>                                                                                                       |                                                                               |
| 6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is:<br><b>Article III tax treatment stated "a corporation"</b> |                                                                               |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                           |                                                                               |
| 7. The new corrected portion of the document states as follows:<br><b>Article III tax treatment should be "a partnership"</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)

**FILED**  
JUN 09 2025  
BY **M959C 123**

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<br>Joshua Duarte                                                                          | Street Address<br>575 Perry Hill Rd |                   |
| City/Town<br>Coventry                                                                                               | State<br>RI                         | Zip Code<br>02816 |
| Signature of Authorized Person<br> |                                     | Date<br>6-9-2025  |