RI SOS Filing Number: 202577174850 Date: 7/24/2025 2:50:00 PM



Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

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7.7	SECRETARY OF STATE USE OFFE

Pursuant to the provisions of Ri submits the following Certificate	IGL <u>7-16-13</u> the undersigned limited lial are of Correction:	bility company hereby
1. Entity ID Number:	2. The name of the limited liability com	npany is:
01744495	Business Enterprise Service	ces, LLC
3. The document to be correct	ed is:	· · · · · · · · · · · · · · · · · · ·
Fictitious Business Name		
The name of the individual(s Silvia Escobar	s) who signed the document being corre	ected is:
5. The date the document bein 07/23/2025	g corrected was onginally filed on:	
BES Consulting and Para	alegal Services WIU be Ch	r, or the defect in the execution of the document is:
		Check the box to indicate an attachment
7. The new corrected portion of BES Consulting & Paralegal So	the document states as follows: plutions New Name	
		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 OUTAMP

JUL 24 2025 250

BY JZJZJ

Under penalty of perjury. I declare and affirm that I have exaccompanying attachments, and that all statements contains	xamined this Certifica	te of Correction, including any	
Name of Authorized Person Silvia Escobar	Street Address 591 Hartford Ave		
Crty/Town Providence	State	Zip Code 02909	
Signature of Authorized Person Sechar		Date 7/24/2025	

RI SOS Filing Number: 202577114720 Date: 7/23/2025 1:36:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Domestic Limited Liability Company Fictitious Business Name Statement

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited liability company is: Business Enterprise Services, LLC

SECTION II

The fictitious business name to be used is: BES Consulting and Paralegal Services

SECTION III

The state or territory under the laws of which it is organized is

State: RI Country: USA

SECTION IV

The date of organization is <u>08/05/2022</u>

Signed this 23 Day of July, 2025 at 1:40:40 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.J. Gen. Laws § 7-16.

Business Enterprise Services, LLC
Name of Applicant Limited Liability Company

SILVIA ESCOBAR

Signature of Authorized Person

Form No. 624 Revised 09/07

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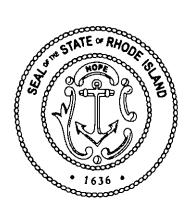


I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 23, 2025 01:36 PM

Gregg M. Amore Secretary of State

Trey M amore



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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:

July 24, 2025 02:50 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

