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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWMAN MAXWELL LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHEN NEWMAN
Name of Person

NEWMAN MAXWELL LLC
Firm/Company

1500 BEVILLE ROAD SUITE 606-179
Address

DAYTONA BEACH FL 32114
City/State and Zip Code

Steve Newman @ newmanmaxwell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN NEWMAN at (386) 383-4632 (any time)
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

— ARTICLE V —

STEPHEN NEWMAN SHOULD BE MANAGER


ED MAXWELL SHOULD BE MEMBER

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 5/19/, 2009.


Signature of a member or authorized representative of a member

STEPHEN NEWMAN

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2009 MAY 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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