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COVER LETTER

	ation Section n of Corporations		
SUBJECT:	Newpoi	t Property Ven	tures, LLC
	Name	of Limited Liability Co	ompany
Dear Sir or Mad	am:		
The enclosed Ar	ticles of Correction and fee(s)	are submitted for filing	ţ.
Please return all	correspondence concerning the	is matter to the following	ng:
	Stuart Zook		_
	Name of Person		
N	ewport Property Ventur	es, LTD	_
3.		w #202	
	211 Ponce De Leon Bly Address	u, #202	
	Coral Gables, Florida 3	33134	
	City/State and Zip Code		
E-mail add	szook@npvltd.cor ress: (to be used for future ann	n ual report notification)	_
For further infor	mation concerning this matter,	please call:	
	Vivian Sanchez	at (305	529-3239
	Name of Person		ode & Daytime Telephone Number
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive & Tallahassee, Flor	orations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a ch	eck for the following amount	:	
\$25 Filing Fee	e \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

FIRST:	The name of the limited liability company is: Newport Property Ventures, LLC			
SECON	<u>D</u> : The articles of organization or the application to transact business			
(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEM	<u>ENT</u>	
- in	ontains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: Managing Member was mistakenly excluded with original filling.	tement i	is	_
M	fanaging Member to be add:			_
<u>N</u>	ewport Property Ventures, LTD.			
				_
─ w	R /as defectively signed. The manner in which the document was defectively e appropriate correction are as follows:	y signed	l and	_
_ _ Dated: _	November 1, 2011 Signature of a member or authorized representative of a member	TALL		-
	Stuart Zook Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	RETARY OF STATI AHASSEE, FLORI	NOV -4 PH St &!	FILED