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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWLISA 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:

GASTON F BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

5210 SW 201 TER

Address

SW RANCHES, FL 33332

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

at (754)

246-6160
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

CR2E062 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
12 JAN 20 AM 0:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 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:
NEWLISA LLC

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:
MGR WAS OMITED ON THE FILING.

PLEASE ADD Machline, Norberto C. AS MGR.

OR

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

Dated: JANUARY 16TH , 2012



Signature of a member of authorized representative of a member

GASTON BELEN

Typed or printed name of signee

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