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COVER LETTER

TO:

Registration Section Division of Corporations

JOMAN MANAGMENT 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:

JOHN MANWARING

Name of Person

Firm/Company

1947 BEACH DR SE

Address

ST PETERSBURG, FL 33705

City/State and Zip Code

JACK.MANWARING@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY COLA. CPA

,727

797-3905

797-3903

4

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 (4/13)

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 JOMA	•	The name of the IAGEMENT, LL	limited liability com	pany is:						
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	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: INCORRECT: CALUSA PRESS, INC. was listed as managing member									
	CORR	RECT: CALUSA	PRESS, CO. sh	ould be listed as	the managi	ng mem	ber			
	<u>OR</u>									
		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:								
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			5			-				
		Signature of a	member or authorize	d representative o	f a member					
		ANTHONY CO	DLA, CPA							
			Typed or printed na	nme of signee						
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	nal)					