

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Gospel Entertainment LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Jonathan Leinwand

Name of Person

Jonathan D. Leinwand, P.A.

Firm/Company

200 S Andrews Ave. Suite 703B

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jonathan@jdlpa.com

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

For further information concerning this matter, please call:

Jonathan Leinwand

Name of Person

954

Area Code

903-7856

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

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: New Gospel Entertainment LLC

SECOND: The Florida Document number of the limited liability company is: L14000004735

THIRD: Document to be corrected is:
Articles of Organization

(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:

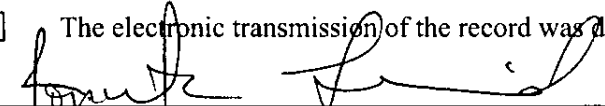
The name of the Managing Member should be Victor Weinrauch which is the
legal name of Victor Siegel.

OR

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

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

8/27/14
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 28 PM 12: 24
FILED

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