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(Address)

(Address)

(City/State/Zip/Phone #)

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C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEWCO FUND LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SUZE COURTNEY

Name of Person

COMMERCE GROUP

Firm/Company

1280 WEST NEWPORT CENTER DRIVE

Address

DEERFIELD BEACH, FLORIDA 33442

City/State and Zip Code

scourtney@commerce-group.com

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

For further information concerning this matter, please call:

SUZE COURTNEY

754 212-4511
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

NEWCO FUND LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
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		_____	☐ Remove
		_____	☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 15, 2019

Typed or printed name of signee