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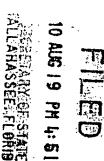
(Requestor's Name)						
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PICK-UP WAIT MAIL						
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D. BRUCE

AUG 20 2010

EXAMINER

		COVER LETTER			
TO: Registration : Division of C					
SUBJECT:	SIXTE	N CAPITAL LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are si	abmitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:			
		MR. SVEN GINMAN		_	
	v	Name of Person			
	•				
•	JE				
		Address			
		MIAMI, FL 33135			
		City/State and Zip Code			
	chris	stianginman@yahoo.c	om_		
			on nouncation)		
For further information	concerning this matter, please	cail:		5 5	,
CHR	STIAN GINMAN	at(305)	746-6490	and the second second	ļ., .
Name	of Person	Area Code &	Daytime Telephone Number	- 19 T	
Enclosed is a check for	the following amount:			7 F. 6	٠
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is expected)	nclosed) Certified	in and the control of	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SIXTEN C	APITAL LLC		
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appe. Liability Company	ers on our records.)	
The Articles of Organization for this Limited	Liability Compar	ny were filed on	11/24/2009	and assigned
Florida document number L 090001	12686			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lis	bility company he	<u>:re</u> :	
	N	′ A		
The new name must be distinguishable and end v "L.L.C."	vith the words "Lir	nited Liability Comp	oany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appl	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
				·
Enter new mailing address, if applicable:		C/O SVEN O	SINMAN	A S
Mailing address MAY BE A POST OFFICE	9225 COLLI	NS AVENUE, UN	£903 E	
		BAL HARBO	OUR, FL 33154	SS
				A S
B. If amending the registered agent and			our records, enter	the name of the new
registered agent and/or the new registered	office address ne	e <u>re</u> :	خ	
	24/5		į	5 5 .
Name of New Registered Agent:	N/A		· •	
New Registered Office Address:				
		E	nter Florida street add	tress
			, Florida	
-		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action **Title** Name <u>Address</u> **MRG** CHRISTIAN R. GINMAN 1170 SW 23RD AVENUE MIAML FL 33135 ☐ Add | Remove CECILIA HAMMERTH MGR 9225 COLLINS AVENUE, UNIT 903 ☑ Add BAL HARBOUR, FL 33154 Remove ☐ Add Remove Remove □Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) * JUST CHANGE THE NAMES, THE PERCETANGE OF OWNERSHIPS WILL REMAIN THE SAME. * THE NEW CONTACT E-MAIL ADDRESS WILL BE: s.ginman@telia.com **AUGUST 5TH** Dated_ Sacramical and observe will apply the sensitive of amount of **SVEN GINMAN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00