

LD9000112686

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 20 2010

EXAMINER

6. AUG. 2010 8:23

NR. 891 S. 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIXTEN CAPITAL 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:

MR. SVEN GINMAN

Name of Person

C/O CHRISTIAN GINMAN

Firm/Company

1170 SW 23RD AVENUE

Address

MIAMI, FL 33135

City/State and Zip Code

christianginman@yahoo.com

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

For further information concerning this matter, please call:

CHRISTIAN GINMAN

Name of Person

at (305)

746-6490

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SIXTEN CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/24/2009 and assigned
Florida document number L 09000112686.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

C/O SVEN GINMAN

(Mailing address MAY BE A POST OFFICE BOX)

9225 COLLINS AVENUE, UNIT 9003

BAL HARBOUR, FL 33154

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida 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

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:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--|--|
| MGR | CHRISTIAN R. GINMAN | 1170 SW 23RD AVENUE MIAMI FL 33135 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | CECILIA HAMMERTH | 9225 COLLINS AVENUE, UNIT 903 BAL HARBOUR, FL 33154 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* JUST CHANGE THE NAMES, THE PERCENTAGE OF OWNERSHIPS WILL
REMAIN THE SAME.

* THE NEW CONTACT E-MAIL ADDRESS WILL BE: s.ginman@telia.com

Dated AUGUST 5TH 2010

x

Sven Ginman
Signature of member or authorized representative of corporation

SVEN GINMAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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ALLAHUSSEIN, FLORIDA