

L130000723 28

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000111795 3)))



H130001117953ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LAW OFFICES OF JENNIFER SNYDER,
 Account Number : I20120000060
 Phone : (786)899-2880
 Fax Number : (786)899-2890

FILED
13 MAY 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

RECEIVED
13 MAY 20 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROUBLES WPB, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 21 2013
B. KOHR

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FILED 13 MAY 2013 PH 10:30 SECRETARY OF STATE FLORIDA

FIRST: The name of the limited liability company is:

ROUBLES WPB, LLC

SECOND: The articles of organization or the application to transact business

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 Manager of the company on article V is missing a word. It says: THE SIX, LLC, and it should say: THE SIX GROUP, LLC

OR

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

Dated: May 17, 2013

Signature of a member or authorized representative of a member Noemi Dolinsky

Typed or printed name of signee

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