**2**1001 Page 1 of 1

## 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.

(((H14000035821 3)))



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 : HILL WARD HENDERSON

Account Number : 072100000520 Phone

: (813)221-3900 per : (813)221-2900 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIX/TEN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK

ÇŌ

FEB 1 4 2014

Help

EXAMINGS 2/13/2014

## (((H14000035821 3)))

## STATMENT 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.

FIRS'	<u>T</u> :	The name of the limited liability company is: Six/Ten, LLC	1511			
SECC	OND:	Document to be corrected is:  Certificate of Conversion filed October 10, 2	013			
	(CHL)	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u>TEMEN</u>	<u>T</u>		
		tains an incorrect statement. The incorrect statement, the reason the statement the corrected statement are as follows:	t is incor	rect,		
			41.4 	2114		
	<del></del>		4.5 5			
			Ten.	لر. سند		
	<u>OR</u>			(i) (ii) (ii)		
×	approp	defectively signed. The manner in which the document was defectively sign opriate correction are as follows:		ic O		
		Kerry M. Wilson defectively signed as Manager of Six/Ten,				
	LLC	C. The correction is as follows: Kerry M. Wilson sh	all be			
	dee	emed to have signed as President of 6/10 Capital, In	c., as			
	Ma	anager of Six/Ten, LLC.				
	<u>OR</u>					
<u> </u>		electronic transmission of the record was defective.				
Si	gnature	re of Authorized Representative Date				
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

CR2E062 (12/13)