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Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHEAST RESIDENTIAL RECOVERY FUND VI, LLC**

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October 15, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOUTHEAST RESIDENTIAL RECOVERY FUND VI, LLC
3250 MARY STREET
SUITE 306
MIAMI, FL 33133US

SUBJECT: SOUTHEAST RESIDENTIAL RECOVERY FUND VI, LLC
REF: L14000115575

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000240758
Letter Number: 114A00022068

NOTE: We are replacing Articles of Amendment as attached with Statement of Correction, as attached

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STATEMENT 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.

FIRST: The name of the limited liability company is: SOUTHEAST RESIDENTIAL RECOVERY FUND VI, LLC

SECOND: The Florida Document number of the limited liability company is: L14000115575

THIRD: Document to be corrected is: Articles of Organization

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV names Styles LPR VI, LLC as manager. Styles LPR VI, LLC is the sole Member and Manager of Southeast Residential Recovery Fund VI, LLC. Article IV should state that Styles LPR VI, LLC is the Member Manager.

OR

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

[Blank lines for correction details]

OR

[] The electronic transmission of the record was defective.

Signature of Authorized Representative: [Signature] Date: October 15, 2014

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