## L16000 118939

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M. MILLIGAN MAR 1 3 2017

## COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	WB Alliance	LLC	
	N	ame of Limited Liabili	ty Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing.	
Please return all corresp	ondence concerning this m	atter to the following:	
José	Ph Janusz Name of Person		
RWB	Alliance 1	UC	
2401 1	NE 47th Street	et	
<u>ughtha</u>	DUSE Point City/State and Zip Code	PL 3306	4
E-mail address: (to	AWSZE AOL.  be used for future annual	COM report notification)	
For further information	concerning this matter, plea	ase call:	
Joseph	Junusz	at ( <b>305</b> )	
Name (	or rerson	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

## STATEMENT OF CORRECTION FOR

	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
Pursuai	nt 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: RWB Alliance LLC
SECO	ND: The Florida Document number of the limited liability company is:
<u>THIRI</u>	Document to be corrected is: Authorized Person detail name
	(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:
	incorrect Manager name pielse chunge to
	Correct Manager name Janusz, Joseph.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	as follows:
	•
_	<u>OR</u>
Ш	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
	are of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must signing the designation).
I hereby provision obligati	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.

Filing Fee: Certified Copy: \$25.00

Registered Agent's Signature

\$30.00 (optional)