L2000000 2319

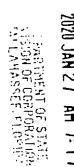
(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	Certificates of Status			
Special Instructions to	Filing Officer:				

Office Use Only



700339550667

31/21/20 6 32 3



2020 JAN 27 AM 7: I

FEB 2 2 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

WIENER DOG BREWERY LLC

SUBJECT:			
	1	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statemen	t of Correction and fee(s) a	are submitted for filin	g.
Please return all corres	pondence concerning this i	matter to the followin	g:
Yana Ivleva		·	
	Name of Person		_
WIENER DOG BREV	WERY LLC		
	Firm/Company		_
1141 97th St			
	Address		-
Bay Harbor Islands Fl	L 33154		
	City/State and Zip Code		_
wienerdogb@gmail.co	•		
E mail address (s	o be used for future annua		_
E-man address. (t	to be used for future annua	report notification)	
	concerning this matter, pl		
Yana Ivleva		305	901-9999
Name	of Person	at (Area Code	Daytime Telephone Number
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check fo	r the following amount:		
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION **FOR**

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being s WIE ame of the limited liability company is:	NER DOG BREWERY L	LC	LINER OF	IAN 2	7		
1110.71	<u>.</u> . THC 1	and of the finited habitity company is			SEE SEE	3	M		
<u>SECO</u>	ND:	The Florida Document number of the limit			STATE ORATIO		_ U _		
<u>THIR</u>	<u>D</u> :	Company eff Document to be corrected is:	ective date and name corr				_		
		CHECK THE APPROPRIATE BOX AND	O COMPLETE THE A	PPLICABLE ST	ГАТЕМЕ	<u>NT</u>			
Ŕ	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: 1. Correct effective date is 01/17/2020								
	2. C	orrect name is MGR NIKOLAEV, ALEKSELO				,			
						•			
	OR		,		,				
	Was	defectively signed. The manner in which the lows:	document was defective	ly signed and the	appropria	te corr	rection are		
	OR								
	The 6	lectronic transmission of the record was defe	ctive.	01/17	/0-	00			
		Signature of Authorized Representative		0/ / / Date/	1000	ev_			
		new registered agent, if applicable :(NOTE: if designation).	correcting the registered	d agent, the new r	registered	agent	must sign		
I herei provis obliga reflect	by acce ions of itions o	Register	gree to act in this capacity tepperformance of my dual for in Chapter 605, F.S. confirm that the limited li	ies, and I am fam Or, if this docum	illiar with ent is bein	and ac	ccept the to merely		
		✓ Filing Fee: Certified Copy:		ptional)					