L2/1000/13/12/28

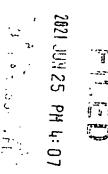
(Requestor's Name)	_				
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

Office Use Only



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04/05/21--01019--009 **25.00

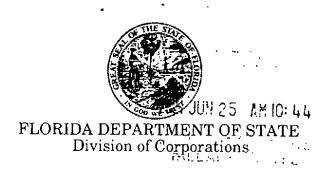


State Corr Nancons

> JUL 0 2 2021 I ALBRITTON

COVER LETTER

TO: Registration Division of C			
SUBJECT:	WW Line	Draw 22 Name of Limited Liah	Cility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s)	are submitted for filin	g.
Please return all corre	spondence concerning this	matter to the followin	g:
Ste	Fan Wild		_
WZW Li	ne Drain L	LC	-
_205) S	andy Garden	Lane	-
Winter	Garden: FZ Gardy/State and Zip Code	34787	-
Stfnu E-mail address:	to be used for future annua	Treport notification)	_
For further informatio	n concerning this matter, pl	ease call:	
Stefan Nam	Wild e of Person	at (407 Area Code) 340 - 4972 Daytime Telephone Number
P.O. Box 6	π Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for	or the following amount:		
□\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy
CR2E062 (9/15)			



June 6, 2021

STEFAN WILD 2051 SANDY GARDEN LANE WINTER GARDEN, FL 34787

SUBJECT: WW LINE DRAIN LLC Ref. Number: L21000131228

We have received your document for WW LINE DRAIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The type of document you're correcting is the Articles of Organization, please list correctly in the 3rd(third) part of the form

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 521A00012292

www.sunbiz.org

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:	WLINEDRAIN	LLC
SECON THIRD	<u> </u>	cles of Organ	ization
BZ	Contains an incorrect statement. The incorrect state	ement, the reason the statement is	incorrect, and the corrected
	J made a mistake, Forg Please change to W2		
	OR Was defectively signed. The manner in which the cas follows:	document was defectively signed :	and the appropriate correction are
			121 JUN 25
_	<u>OR</u>		PH O
	The electronic transmission of the record was defectively	6/21	PH 4: 07
	Signature of Authorized Representative	0/2.	Date
	re of new registered agent, if applicable :(NOTE: if g the designation).	correcting the registered agent, th	e new registered agent must sign
I hereby provisio obligati	gistered Agent's Signature, if changing Registered A accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ons of my position as registered agent as provided for change in the registered office address, I hereby cohange.	ree to act in this capacity. I furthe performance of my duties, and I or in Chapter 605, F.S. Or, if this	am familiar with and accept the document is being filed to merely
	Register	ed Agent's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

CR2E062 (9/15)