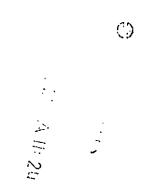


(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	•
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · ·	
	Office Use Only	5.C-
		28/11/2C



97/28/21--01019--003 **25.00



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: W2	W Line Drain	a LLC.	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Stefan	Name of Person	
		Name of Ferson	
	WZW Line	Drain LLC Firm/Company	
		Firm/Company	
	2051 Sandu	garden Lane	
		C. 04-37	
	Winter Gard	lew FL 34787 City/State and Zip Code	
		Q G Mall com	,
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Clofo, Idi	1d	107 715	1213
Name of	Person	at (<u>407</u>) <u>340 -</u> Area Code Daytime	Telephone Number
		•	()
Enclosed is a check for the	e following amount:		. i
설 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Solution		Registration Sec Division of Cor	
P.O. Box 6327	•	The Centre of T	<u>-</u>
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W2W Line Drain	LLC
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $\angle 21000131228$.	npany were filed on 03-19-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address ,
	, Florida
	City Zip Code (1)
Non-Dominson American Clampson (Calcamina Dominson A	gonta

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stefan Wild	2051 Sandy Garden lane	tZAdd
		2051 Sandy Garden Lane Winter Garden FL 34787	^f □Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			() bbA [
			Remove
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			<u>?</u> □∧dd
			□Remove
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		·	□Add
		·	□Remove
			□Change

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(optional) 0 days after filing.) Parsi ments, this date will n	iant to 605,0207 (iot be listed as tl
rlier of: (b) The 90th	day after the
	<i>,</i> *