

# L21000351331

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I1999000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRUNCH TIME COMPACTING LLC

Certificate of Status	0
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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: Crunch Time Compacting LLC

SECOND: The Florida Document number of the limited liability company is: L21000351331

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:
The incorrect statement in Article 1 is "The name of the Limited Liability Company is: Crunch Time Compacting LLC" which is incorrect because the name of the Limited Liability Company is incorrect. The correct statement is as follows:
"The name of the Limited Liability Company is: Crunch Time Compacting FL LLC"

OR

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

[Blank lines for signature correction details]

OR

[ ] The electronic transmission of the record was defective.

[Signature] 8/6/2021
Signature of Authorized Representative Date

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Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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