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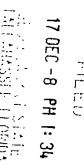
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S. WARREN DEC 1 1 2017

## COVER LETTER

TO: Registration Section Division of Corporations **DLESS HAULING LLC** Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALEXANDER F BARAHONA Name of Person ENDLESS HAULING LLC Firm/Company **19391 SW 2ND STREET** Address PEMBROKE PINES, FL 33029 City/State and Zip Code ENDLESSHAULING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUZANNA VALDES Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **\$25** Filing Fee S30 Filing Fee & S55 Filing Fee & S60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

## 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.

FIRS	Γ· The πa	ame of the limited liability company is: ENDLE	ESS HAULING LLO			
			0 -			
SECOND:		The Florida Document number of the limited liab	ility company is: L170002	22662		
THIRD:		Document to be corrected is: L17000222	2662	<u>-</u> .		
	<u>(</u>	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE ST	ATEMENT		
X		ins an incorrect statement. The incorrect statement, ent are as follows:	the reason the statement is incorrect	et, and the corrected		
	l orig	I originally listed the company's effective date as 1/23/2018 thinking				
	l wo	I would need more time to get my company started but it turns out I do not.				
	l wo	I would now like to change the company's effective date to 01/06/2018.				
	<u>OR</u>		; — · · · · · · · · · · · · · · · · · ·	17 [M]		
	Was de	efectively signed. The manner in which the docume ows:	ont was defectively signed and the a	appropriate correction are		
				PH D		
	<u>OR</u>					
	The ele	ectronic transmission of the record was defective.	inlu	1,-		
		May Bank	12/4/	7-		
New R I herel provise obliga reflect	ing the d legistered by accept ions of at tions of n	Signature of Authorized Representative we registered agent, if applicable: (NOTE: if correct esignation).  d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a ll statutes relative to the proper and complete perform position as registered agent as provided for in Cie in the registered office address, I hereby confirm to	ct in this capacity. I further agree of mance of my duties, and I am fami napter 605, F.S. Or, if this documen	to comply with the liar with and accept the at is being filed to merely		
		-				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			