

From: M. BURR KEIM CO*

Fax: 12159779386

To:

Fax: (850)617-6383

Page: 1 of 2

8/10/2021 9:41 AM

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 : I19990000242
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
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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TALLAHASSEE, FLORIDA

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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)

- ☒ 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:

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OR

- ☐ The electronic transmission of the record was defective.

T. M. Keim 8/6/2021
Signature of Authorized Representative Date

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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