

L21000397529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

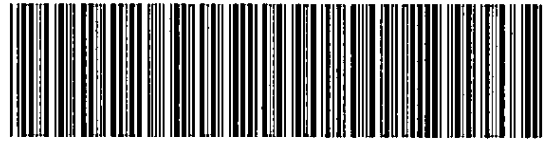
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

11/24/21

Office Use Only



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10/12/21--01027--001 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL
2021 NOV 24 PM 5:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 24 AM 8:14

October 20, 2021

JUDY PINETTE
350 W. CEDAR STREET
SUITE 100
PENSACOLA, FL 32502

SUBJECT: BLACK TOP CONTAINER COMPANY, LLC
Ref. Number: L21000397529

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 521A00025497

*11/22/21 -
See attached.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black Top Container Company, 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:

Judy Pinette
Name of Person

Moore, Hill & Westmoreland, P.A.
Firm/Company

350 W. Cedar Street, Suite 100
Address

Pensacola, FL 32502
City/State and Zip Code

jpinette@mhw-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Pinette at (850) 434-3541
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 2021 NOV 24 PM 5: 21

FIRST: The name of the limited liability company is: Black Top Container Company, LLC SECRETARY OF STATE
TALLAHASSEE, FL.

SECOND: The Florida Document number of the limited liability company is: L21000397529

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:

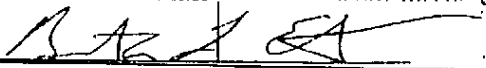
Correct name of company to: Blacktop Container Company, LLC

OR

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

OR

- The electronic transmission of the record was defective.


Signature of Authorized Representative

10/20/21
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)