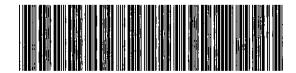
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SECRETARY OF STATE
AND ANASSEE, FLORID

M. THOMAS

NOV 2 5 2009

EXAMINES

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	Sunstate Rer	nediation Services LLC
20202011	Name of Li	mited Liability Company
The enclosed	Articles of Amendment and fee(s) are s	submitted for filing.
Please return	all correspondence concerning this mat	ter to the following:
		Morris A. Bencini
•		Name of Person
Sur		ate Remediation Services LLC
		Firm/Company
		4518 Clements Road
		Address
		Lakeland, FL 33811
		City/State and Zip Code
		City/State and Zip Code mabencini@aol.com Structure annual report notification)
For further in	E-mail address	"T1 . o.
	Morris A. Bencini	at (863) 644-8118, ext. 226
	Name of Person	at (863) 644-8118, ext. 226 Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$25.00 Fi	ing Fee \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	emediation Services		
(<u>Name of the Limited Liabi</u> (A Florid	<mark>lity Company as it now appea</mark> la Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	4/20/2004	and assigned
Florida document number L04000031893	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		SECRE
Enter new mailing address, if applicable:			DI 24 F
(Mailing address MAY BE A POST OFFICE BOX)			H 9:0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter t	DA D
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
	, Florida		
	City		Zip Code

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name 1 **Address Type of Action MGRM** Robert Horton 4518 Clements Road ✓ Add Lakeland, FL 33811 Remove ☐ Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) November 20 2009 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Morris A. Bencini
Typed or printed name of signee

Filing Fee: \$25.00