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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

JUN 2 5 2009

EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUBJE	CT:	JUSTESEN SCEPTI	C TANK SERVICES, L.L	C.		
Name of Limited Liability Company						
		of Amendment and fee(s) are sub	-			
			(ED) (A)			
			/ERNON JUSTESEN			
			Name of Person			
JUSTESEN S			SEPTIC TANK SERVICES, L	L.C.		
			Firm/Company			
3521 SCENIC HWY						
<u></u>			Address			
			SEBRING, FL 33870			
	City/State and Zip Code					
	TARTWO01@YAHOO.COM					
E-mail address: (to be used for future annual report notification)						
For furt	ther information	concerning this matter, please of	call:			
	CHRIS	STINE JUSTESEN	at (863) 2	01-3030		
•		of Person	Area Code & Daytime			
Enclose	ed is a check for	the following amount:				
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



JUSTESEN SEPTIC TANK SERVICES, L.L.C. 3521 SCENIC HWY SEBRING, FL 33870

To Whom It May Concern:

Attached is the form to amend the Articles of Organization for our Florida Limited Liability Company.

If you have any question or need any further information, please feel free to call me at (863) 201-3030.

Thank you.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTESEN SCEPTIC T			
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	is on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	09/30/2008	and assigned
Florida document numberL08000092716			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company hei	<u>re</u> :	
JUSTESEN SEPTIC TA	NK SERVICES	L.L.C.	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			S 28
			24 000
Enter new mailing address, if applicable:			2 290
(Mailing address MAY BE A POST OFFICE BOX)			- 25 - 25
			5 gm
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		our records, <u>enter t</u>	he name of the nev
New Registered Office Address:			
THE PARTY OF THE P	Er	nter 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 Manager's 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			Add Remove
			□ Damaua
			□ Damaua
			Domesia
 			□ Damova
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, i	if necessary.)
_			N 24 AN II: 40
Dated	MAY 15		5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Signature	e of a member or authorized representative of a member	er

Page 2 of 2

Filing Fee: \$25.00