

LD8000110920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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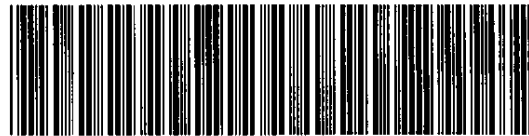
(Business Entity Name)

(Document Number)

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FILED
10 AUG 27 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulfstream Processing ,LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Chiappisi

Name of Person

Gulfstream Processing LLC

Firm/Company

500 Gulfstream Boulevard Suite 106

Address

Delray Beach, Florida 33483

City/State and Zip Code

Nchiappisi@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Chiappisi

Name of Person

at (561)

634-7153

Area Code & Daytime Telephone Number

Enclosed 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)

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**

Gulfstream Processing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-03-2008 and assigned
Florida document number L08000110920.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

no name change

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

no address change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

no address change

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nicholas Chiappisi

New Registered Office Address:

500 Gulfstream Boulevard Suite 106

Enter Florida street address

Delray Beach

Florida

33483

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

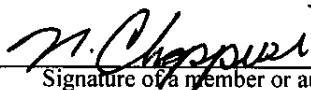
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMES P. ADORNA	6087 WALNUT HILL DRIVE LAKE WORTH, FLORIDA 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NICHOLAS CHIAPPISI	700 EAST BOYNTON BEACH BLVD APARTMENT # 1205 BOYNTON BEACH, FLORIDA 33435	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
10 AUG 27 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 25TH, 2010



Signature of a member or authorized representative of a member

NICHOLAS CHIAPPISI

Typed or printed name of signee