

LOS0000110920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 19 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulfstream Processing LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000110920

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Adorna
Name of Person

Gulfstream Processing LLC
Name of Firm/Company

500 Gulfstream Blvd. Suite 106
Address

Delray Beach, Florida 33483
City/State and Zip Code

Jadorna@gsprocess.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Adorna at (561) 634-7181
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Guifstream Processing LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/3/08 and assigned
Florida document number L080006110920.

This amendment is submitted to amend the following:

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

Same - NO 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:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

JAMES ADORNA

New Registered Office Address:

500 Guifstream blvd

Enter Florida street address

delray Beach

City

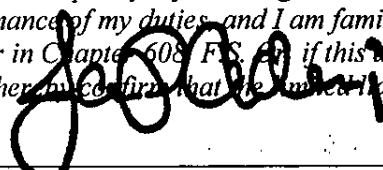
Florida

33483

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. 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	Address	Type of Action
mgrm	Nicholas Chiappisi	700 East Boynton bch blvd #1205 Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	James Adorna	6087 Walnut Hill drive LAKE WORTH, FL. 33467	<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.)

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CLERK
TALLAHASSEE, FL 32309

Dated 11-9, 2010

James Adorna

Signature of a member or authorized representative of a member

JAMES ADORNA

Typed or printed name of signee

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Nicholas Chiappisi

Name of Registered Agent

, hereby resigns as

Registered Agent for Gulfstream processing LLC

Name of Limited Liability Company

L08000110920

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

N. Chiappisi

Signature of Resigning Agent

If signing on behalf of an entity:

Nicholas A Chiappisi

Typed or Printed Name

Capacity

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guifstream 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:

James ADORNA
Name of Person

Guifstream Processing LLC
Firm/Company

500 GUIFSTREAM BLVD #106
Address

Delray Beach, FL 33483
City/State and Zip Code

Jadorna@gsprocess.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim ADORNA at 561, 634-7181
Name of Person 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:
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