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S. HAWKES
NOV 2 4 2009
EXAMINER

COVER LETTER

>

TO:

Registration Section

Division of Co	rporations					
SUBJECT:	Revolution Pip	peline Resources, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all correspondent	ondence concerning this matter	r to the following:				
		Nick Bowman				
		Name of Person				
Revolution Pipeline Resources, LLC						
	Firm/Company					
	2109 E. Palm Ave., Suite 104					
	Address					
		Tampa, FL 33605				
		City/State and Zip Code				
	nbow	man@revolutionpipe.com				
	E-mail address: ((to be used for future annual report notification)				
For further information of	concerning this matter, please of	call:				
Jo	oe Hardman	at (386) 427-6051				
Name o	of Person	Area Code & Daytime Telephone Number	_			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Certified Copy (additional copy is enclosed)	Status &			
Registr	ING ADDRESS: ration Section	STREET/COURIER ADDRESS: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revol	ution Pipeline Resources	, LLC			
(Name of the Limite	d Liability Company as it now apper A Florida Limited Liability Company)	ers on our records.)			
The Articles of Organization for this Limited I	Liability Company were filed on	10/23/2009	and assigned		
Florida document number L0900010					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company he	re:	0		
		7			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	pany," the designation "L	Cror the abbreviation		
Enter new principal offices address, if appli	cable:		S 3 0		
(Principal office address MUST BE A STRE	ET_ADDRESS)		- C 19		
Enter new mailing address, if applicable:			,		
(Mailing address MAY BE A POST OFFICE					
B. If amending the registered agent and	/or registered office address on	our records ontor th	a nama of the now		
registered agent and/or the new registered of		our records, enter th	e name of the new		
Name of New Registered Agent:	A 1881 1881 1881 1881 1881 1881 1881 18				
New Registered Office Address:		utau Elavida atuaat addu			
	Enter Florida street address				
	City	, Florida	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>	Address	Type of Action
MGR	Nick Bowman	2109 E. Palm Ave., Suite 104 Tampa, EL 33605	_ TP Add _ P Removes
MGR_	Joseph Hardman	602 W. Indian River Blvd., Suite 6 Edgewater, FL 32132	Add S Reffactor
MGR	Jack Curatelli	2109 E. Palm Ave., Suite 104 Tampa, FL 33605	Add Remove
MGRM	Paradigm2, Inc.	2109 E. Palm Ave., Suite 104 Tampa, FL 33605	Add Remove
MGRM_	PARARA Services, Inc.	602 W. Indian River Blvd., Suite 6 Edgewater, FL 32132	☑Add Remove
<u>MGRM</u>	Florida Acquisition & Appraisal, Inc.	2109 E. Palm Ave., Suite 104 Tampa, FL 33605	Add Remove
D. If amend	ling any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)	-
Dated	November 19 ,	2009 .	
	Signature of a me	mber or authorized representative of a member	
	U	Joseph Hardman	
	Т,	med or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00