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D. BRUCE

NOV 29 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Revolution Pip	eline Resources, Ll	_C		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:			
		Joseph E. Hardman			
		Name of Person			
	Revolut	ion Pipeline Resources	, LLC		
Firm/Company					
	602 W	. Indian River Blvd., Su	ite 6		
Address					
Edgewater, Florida 32132 City/State and Zip Code					
operations@revolutionpipeline.com					
	E-mail address: (to be used for future annual repor	t notification)	5	
For further information	concerning this matter, please of	call:		LL A	150
				NOV 28 CRETARY AHASSE	T
	seph Hardman	at (_386_)	427-6051	SE Y	_
Name	of Person	Area Code & D	Daytime Telephone Number	T	П
				r~'(c)	D
Enclosed is a check for	the following amount:			I: 38 IATE ORID	
\$25.00 Filing Fee	▼ \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filin		
	Certificate of Status	Certified Copy (additional copy is end		e of Status & Copy	
				l copy is enclosed	i)

MAILING ADDRESS:

TO:

Registration Section

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

Revolution Pipelin	e Resources, LLC	<u></u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	<u>(18.</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on10/23/20	11 and assigned	
Florida document numberL09000103000			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	tion "LLC" or the abbreviatio	
nter new principal offices address, if applicable: 602 W. Indian River Blvd., Suite 6			
(Principal office address MUST BE A STREET ADDRESS)	ice address MUST BE A STREET ADDRESS) Edgewater, Florida 32132		
	<u> </u>	D _{res}	
Enter new mailing address, if applicable:	602 W. Indian River Blvd.	Suite 6	
(Mailing address MAY BE A POST OFFICE BOX)	Edgewater, Florida 32132		
		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, <u>e</u> : <u>e</u> :	ntegethe new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
	, Flori		
	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>	Address	Type of Action
PRES	Joseph Hardman	602 W. Indian River Blvd., Suite 6 Edgewater, Florida 32132	Add Remove
TREAS	Lola Hardman	602 W. Indian River Blvd., Suite 6 Edgewater, Florida 32132	✓ Add Remove
CEO	Eric Purcell	3302 Thicket Run Drive Spring, Texas 77388	✓ Add Remove
MGMR	EP Compass Consulting, LLC	3302 Thicket Run Drive Spring, Texas 77388	✓ Add — Remove
			Add Remove
	·		Add Remove
D. If amen 	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary	<i>-</i>
			F. TI NOV.
Dated	November 21, 201		ILED 28 PH 1: 38 RY DF STATE
	(/	authorized representative of a member 05eph Hardman	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00