

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000287396 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
05 DEC 16 AM 7:21
DIVISION OF CORPORATION

LIMITED LIABILITY AMENDMENT

TARGA MIDSTREAM GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing

Public Access Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Targa Midstream GP, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/31/2005

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 11/08/2005
5. New name of the limited liability company: Targa Midstream GP LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Targa Midstream GP, LLC
By [Signature]
Signature of a member or the authorized representative of a member

Rene R. Joye, Chief Executive Officer
Typed or printed name of signee

Filing Fee: \$25.00

12/16/2005 16:48 8588785926
DEC-16-2005 03:29

CT CORPORATION SYSTEM

PAGE 03/03

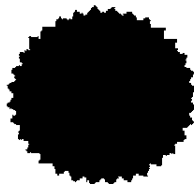
P.02/05

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TARGA MIDSTREAM GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TARGA MIDSTREAM GP LLC", THE EIGHTEH DAY OF NOVEMBER, A.D. 2005, AT 5:06 O'CLOCK P.M.



4007693 8320
051031883

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4381386

DATE: 12-16-05

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000286790 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

RECEIVED

05 DEC 16 AM 10:37

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CAT Capital LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

RECEIVED
05 DEC 16 AM 8:30
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED

12/19/05

Electronic Filing Menu

Corporate Filing

Public Access Help

H05090286790 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
CAT Capital LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
c/o Capital Partners, Inc.
One Independent Drive, Suite 114
Jacksonville, Florida 32202

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

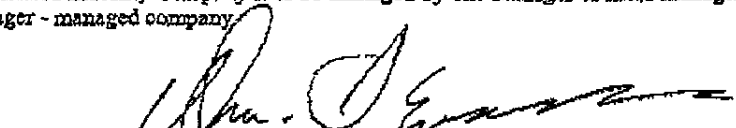
Name: William G. Evans
Address: One Independent Drive, Suite 114
Jacksonville, Florida 32202

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William G. Evans
Typed or printed name of signer

232606

FILED
05 DEC 16 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000286790 3