## L18000 132378

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## **COVER LETTER**

	Registration So Division of Cor			
emp acc		Crude Partners LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	<del></del> -
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
			Claudia J. Taller	
		-	Name of Person	
•	BlackRock Crude Partners LLC  Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Claudia J. Taller			
		200	Public Square, Suite 2300	
		· · ·	Address	· · · · · · · · · · · · · · · · · · ·
			Cleveland, Ohio 44114	
		E-mail address: (		ication)
For furthe	r information c			
Claudia J	. Taller			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	) Filing Fec		Certified Copy	

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

2020 . " - 1 PH 5: 11

BlackRock Crude P	artners LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	as it now appears on our record ability Company)	<u>~)</u>
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L18000132378}{L18000132378}$ .	vere filed on May 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ty company here:	
B-Rock Crude Partners LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	S.
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ar ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ective date, if other than t effective date is listed, the date i e: If the date inserted in this ament's effective date on the	block does not i	meet the applic	able statutory f	or more than 90 day lling requiremen	(optional) is after tiling.) Pur its, this date will	suant to 605.020 not be listed a
record specifies a delay ne 90th day after the r			t an effectiv	e time, at 12	:01 a.m. on t	he earlier
ed May		. 2020	·			
		Gary Pa	tena	tive of a member		
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Filing Fee: \$25.00