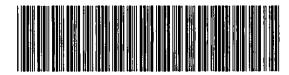
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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15 NOV 23 AM 11: 18

15 NOV 23 AM 10: 05

NOV 2 4 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 881132 6864A
AUTHORIZATION: Sould blend
COST LIMIT : \$25.00
ORDER DATE: November 20, 2015
ORDER TIME : 1:35 PM
ORDER NO. : 881132-020
CUSTOMER NO: 6864A
FOREIGN FILINGS
NAME: THE ALLIED POWER GROUP, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Betty Konieczny EXT# 62935

EXAMINER:

COVER LETTER

	_	ration Se on of Co	ction rporations					
SUBJE	CT:	The Allie	d Power Group LLC					
	_		Name of For	eign I	imited Li	ability	Compai	ny
Dear Sin	r or Ma	dam:						
The enc	losed a	pplication	on, certificate and fee((s) are	submitte	d for fi	iling.	
Please r	eturn a	ll corres	pondence concerning	this n	natter to th	ne folk	owing:	
Linda N	1. Lee							
			Name of Person					
Cozen	O'Conr	or						
			Firm/Company		· · · · · · · · · · · ·			
200 Fo	ur Falls	Corpora	te Center, Suite 400					
			Address					
West C	onshol	ocken, f	PA 19428					
			City/State and Zip Co	ode	•			
bagard	y@allie	dpg.com	ı					
E-ma	il addr	ess: (to l	e used for future annu	ıal re	port notifi	cation)	
For furt	her inf	ormation	concerning this matte	er, ple	ease call:			
Linda M	/l. Lee		_	a	610	, 9	941-2378	l .
		Name	of Person	— "	\	de & l	Daytime	Telephone Number
	Regist Division Clifton 2661 E	ration Se on of Co Buildin Executive	rporations]]]	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6 6327 see, Florida 32314
Enclose \$25 CR2E055	Filing		or the following amount \$30 Filing Fee & Certificate of State		S55 F Certi	iling F fied Co		Sectificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: The Allied Power Group LLC	
Inter new principal office address, if applicable:	
Principal office address AUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable: Mailing address AAY BE A POST OFFICE BOX)	
. The Florida document number of this limited liability company is: M0500002835	
. Jurisdiction of its organization: Delaware	
. Date authorized to do business in Florida: 05/25/2005	
ECTION II (5-9 complete only the applicable changes)	
. New name of the limited liability company: BLK Holding Co., LLC (must contain "Limited Liability Company." "L.C." or "T.L.C.")	F 11
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.") BLK Holding Co. I, LLC	C*
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach popy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")	
. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida Street Address	
, Florida	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he 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 605, F.S. Or, if this locument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lability company has been notified in writing of this change.	

If the amendment ch	anges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate that	change:
tle/ Capacity	Name	Address	Type of Action
· .			Add
			Remove
			Add
			Remove
		·	Add
			15 NOV 23
			Add AM 10: 05
			Add
aforementioned ame	rate, if required: no more than 90 ndment(s), duly authenticated by e law of which this entity is orga	the official having custody of records in the	Remove
	Signature of Signature of Bruce Agardy, Manager	The authorized representative	

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "THE ALLIED POWER GROUP LLC", CHANGING ITS NAME FROM "THE ALLIED POWER GROUP LLC" TO "BLK HOLDING CO., LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF NOVEMBER, A.D. 2015, AT 2:32 O'CLOCK P.M.



Authentication: 10466006

Date: 11-20-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:32 PM 11/02/2015
FILED 02:32 PM 11/02/2015
SR 20150737347 - File Number 3968135

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited	•	
The Allie	d Power Grou	up LLC
		the limited liability company is hereby ame Certificate of Formation is hereby amen
to read in its enti	rety as follow	<i>!</i> s:
"First: The	aname of the	limited liability company is
BLK Hold	ing Co., LLC.	н
n witnecc wi	UFDFAF the	undersianed have avacuted this Cartificate
	_	undersigned have executed this Certificate
IN WITNESS WI	_	undersigned have executed this Certificate November , A.D. 2015
	_	•
	_	November , A.D. 2015
	_	•
	_	November , A.D. 2015
	_	November , A.D. 2015
	_	November , A.D. 2015