

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.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXLP OPERATING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXLP Operating LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan G. Thompson

Name of Person

Archrock Services, L.P.

Firm/Company

9807 Katy Freeway, Suite 100

Address

Houston, TX 77024

City/State and Zip Code

susan.thompson@archrock.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Thompson

Name of Person

at (281) 836-8055

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate 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) 2019 NOV 13 P 1:28

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: EXLP Operating LLC

Enter new principal office 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)2. The Florida document number of this limited liability company is: M070000068743. Jurisdiction of its organization: Delaware4. Date authorized to do business in Florida: 11/21/2007**SECTION II (5-9 complete only the applicable changes)**5. New name of the limited liability company: Archrock Partners Operating LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:Name of New Registered Agent: _____New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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 605, 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.

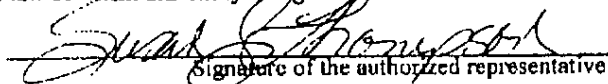
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.


Signature of the authorized representative

Susan G. Thompson, Assistant Secretary

Typed or printed name of signee

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 "EXLP OPERATING LLC", CHANGING ITS NAME FROM "EXLP OPERATING LLC" TO "ARCHROCK PARTNERS OPERATING LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF NOVEMBER, A.D. 2015, AT 1:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FOURTH DAY OF NOVEMBER, A.D. 2015 AT 12:01 O'CLOCK A.M.



4380859 8100
SR# 20198040054

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203987492
Date: 11-12-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:23 PM 11/03/2015
FILED 01:23 PM 11/03/2015
SR 20150754961 - File Number 4380859

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION**

EXLP OPERATING LLC
a Delaware limited liability company.
(to be renamed **ARCHROCK PARTNERS OPERATING LLC**)

November 4, 2015

The undersigned, an authorized person of EXLP Operating LLC (the "Company"), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act, hereby certifies that:


1. The name of the Company is EXLP Operating LLC.
2. The amendment to the Certificate of Formation effected by this certificate of amendment changes the name of the Company to Archrock Partners Operating LLC.
3. The Certificate of Formation is hereby amended by deleting the first article thereof and replacing in lieu thereof a new first article reading in its entirety as follows:

"1. *Name.* The name of the limited liability company is: Archrock Partners Operating LLC."
4. The name change shall become effective at 12:01 a.m. on November 4, 2015.

IN WITNESS WHEREOF, the Company has caused this certificate of amendment to be executed as of the date first written above.

EXLP OPERATING LLC

By:


Donald C. Wayne
Senior Vice President, General Counsel and
Secretary