17000006008

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PiCk-U	> WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Statu	s		
Special Instructions to Filing Officer.				
		ļ		
	 			

Office Use Only



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MAY 2:5 2021 LALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 822364 7439361

AUTHORIZATION

COST LIMIT : \$ 60.00

ORDER DATE: May 19, 2021

ORDER TIME : 11:38 AM

ORDER NO. : 822364-010

CUSTOMER NO: 7439361

FOREIGN FILINGS

NAME: SUNOCO (R&M), LLC

_ CORPORATE
_ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

Division of Corporations		
SUBJECT: Sunoco (R&M), LLC		
Name of Foreign	Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Peggy J. Harrison		
Name of Person	,	
Energy Transfer		
Firm/Company		
8801 S. Yale Ave., Suite 310		
Address		
Tulsa, OK 74137		
City/State and Zip Code		
peggy.harrison@energytransfer.com		
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this matter, p	olease call:	
Peggy J. Harrison	.918 794-4559	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following as	3 2.2.2 3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Certificate of Status	☐ \$55 Filing Fee & ■ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy	
CR2E055 (9/15)	-1.0	

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

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it a	appears on the records of the Florida	Department of
State; Sunoco (R&M), LLC		707/
Enter new principal office address, if applica	able:	Department of
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		200 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2
2. The Florida document number of this limit		
3. Jurisdiction of its organization: Pennsylv	vania	
4. Date authorized to do business in Florida:		
SECTION II (5-9 complete only the applic	cable changes)	
5. New name of the limited liability compan	- :	
	(must contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ad copy of the written consent of the managers of must contain "Limited Liability Company," "	or managing members adopting the :	business in Florida and attach a alternate name. The alternate name
If amending the registered agent and/or reg registered agent and/or the new registered off	gistered officer address on our recor fice address here:	ds, enter the name of the new
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florid	da 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 limits and the limited of the limits of the limited limits. liability company has been notified in writing of this change.

If Changing Registered Agant Signature of New Bonisters

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
	<u>-</u>		□Remo	
			□Add	
	-		□Remo	
			□Add	
	-		□Remo	
			□Add	
	_		□Remo	
			_ A d d	
aforementioned amo	cate, if required: no more than 90 days endment(s), duly authenticated by the case law of which this entity is organized.	official having custody of record	□Remo	

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 05/21/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Energy Transfer (R&M), LLC

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Apr 19, 2021 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210521151694-1

Entity# : 347600 Date Filed : 04/19/2021 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE RUDEAU OF CODDODATIONS AND CHARLES

BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Peggy J Harrison Name		l l	Certificate of Amendment-Domestic	
			Limited Liability Company	
8801 S. Yale Ave., Suite	310		22/8822(rev. 2/2017)	
Tulsa	OK 74137			
Čity	OK 74137 State Zip Code			
Return document by	email to:	_	8622	
Read all instructions	s prior to completing. This form may	be submitted online at http	ps://www.corporations.pa.gov/.	
Fee: \$70.00				
Check one:	Limited Partnership (§ 8622)	X Limited	Liability Company (§ 8822)	
desiring to amend its Ce	equirements of the applicable provision rtificate of Limited Partnership/Certificate of Limited Partnership	icate of Organization, herel	amendment), the undersigned, by certifies that:	
	nited partnership/limited liability com	pany is:		
SUNOCO (R&M),	LLC	<u> </u>		
Date(MM/DD/YY 3. The current registe (a)	red office address on file with the Dep	artment of State: <i>Complete</i>	part (a) OR (b) – not both:	
Number and St	reet City	State Zip	County	
(b) c/o; C/O CORPO	ORATION SERVICE COMPANY Da	uphin		
Name of Com	mercial Registered Office Provider		County	
. Check, and if approp	oriate complete, one of the following:			
$\overline{\mathbf{X}}$ The amendment	adopted by the limited partnership/li	mited liability company, set	forth in full, is as follows:	
The first article name of the limi	of the Certificate of Formation of the ted liability company is: Energy Tran	imited liablity company is b sfer (R&M), LLC	nereby amended as follows: The	
The amendment	adopted by the limited partnership/li and made a part hereof.	mited liability company is s	et forth in full in Exhibit A	
Check, and if appro	priate complete, one of the following:			
X The amendment	shall be effective upon filing this Cert	ificate of Amendment in the	Department of State.	
_	shall be effective on:	at		

DSCB: 15-8622/8822-2

6. Check if the amendment restates the Certificate of Limited Partnership/Organization:

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this 19th day of April, 2021.

SUNOCO (R&M), LLC

Name of Limited Partnership/Limited Liability Company

Arnold D. Dodderer

Signature

General Counsel and Secretary
Title