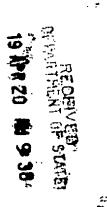
M900004237

(Re	questor's Name)	
(Ad	dress) ·	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800328154848



S/1/19 DS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 743969 7877589 AUTHORIZATION COST LIMIT ORDER DATE : April 29, 2019 ORDER TIME : 8:51 AM ORDER NO. : 743969-005 CUSTOMER NO: 7877589 FOREIGN FILINGS NAME: FREEPOINT BUNKERS 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: Lydia Cohen -- EXT#

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: Freepoint Marine Fuels 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: Nan Swan Name of Person Freepoint Marine Fuels LLC Firm/Company 58 Commerce Road Address Stamford, CT 06902 City/State and Zip Code nswan@freepoint.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nan Swan Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filling Fee & S55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy CR2E055 (9/15)

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)

1. Name of limited liability Company as it appears	on the records of the Florida Department of		
State: Freepoint Bunkers LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
		·	•
2. The Florida document number of this limited liab	pility company is: M1900004237		<u>;</u>
3. Jurisdiction of its organization: Delaware		:-	· · · · · · · · · · · · · · · · · · ·
4. Date authorized to do business in Fiorida: 05/	15/2019		' <u>``</u>
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: (must	· · · · · · · · · · · · · · · · · · ·	C.," or	<u>"LLC.")</u>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manual contain "Limited Liability Company," "L.L.C.	aging members adopting the alternate name. T	rida and The alter	attach a rnate nam
6. If amending the registered agent and/or registered registered agent and/or the new registered office address.	l officer address on our records, enter the nandress here:	ie of the	<u>: new</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Addres		
	City	Zip Co	de
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent the provisions of all statutes relative to the proper a und accept the obligations of my position as register document is being filed to merely reflect a change in inhility company has been notified in writing of this inhility company has been notified in writing of this	and agree to act in this capacity. I further ag and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S a the registered office address, I hereby confi	am fam 3. Or. if	iliar with this

lle/ Capacity	<u>Name</u>	Address	Type of Acti
			Add
			Rem
			Add
			Rem
	· · · · · · · · · · · · · · · · · · ·		<u>\</u> 9qq
		· ,	Remo
			Add
			Remo
		·····	Add
			Remo

Nan Swan, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FREEPOINT MARINE FUELS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEPOINT MARINE FUELS LLC" WAS FORMED ON THE EIGHTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

6404862 8300

Authentication: 202726900

Date: 04-29-19

Page 1

Delaware The First State

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 'FREEPOINT BUNKERS LLC', CHANGING ITS NAME FROM "FREEPOINT BUNKERS LLC" TO "FREEPOINT MARINE FUELS LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2019, AT 11:51 O'CLOCK A.M.



Authentication: 202726685

Date: 04-29-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:51 AM 04/29/2019
FILED 11:51 AM 04/29/2019
SR 20193282462 - File Number 6404862

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limite	d Liability Company:	Freepoint	Bunkers	LLC
 <u></u>				
The Certificate	of Formation of the lir	nited liability c	ompany is h	ereby ame
as follows:				
1. The nam Freepoint M	e of the Limite arine Fuels LLC	ed liabilit	y compan	y is
				_;
IN WITNESS U	VHEREOF, the under	reigned have as	annend elein (7
the 29th	day of April			D. 2019
	uay 01		, (A.)). <u>20+5</u>
		Λ	_	
	By:	7 as	e Sx. g	20-
		Au	horized Per	son(s)
			- · · · ·	-1-1
	Nar	ne: Nan Swar	1	
			Print or Typ	