A12000000934

(Requestor's Name)					
(Address)					
(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:					
J. HORNE MAY - 2 2024					

Office Use Only



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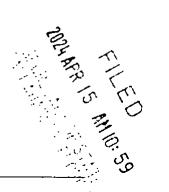
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2024 APR 15 AH 10: 58

COVER LETTER

_	on Section of Corporations					
	•					
SUBJECT: BB	Name of Florida Limited Pa	rtnership or Limited L	iability Lin	nited Partnership		
The enclosed Ce	rtificate of Amendment a	nd fee(s) are subm	itted for	filing.		
Please return all	correspondence concerni	ng this matter to:				
Austin Sigety						
	Contact Person					
Bison Investment M	anagement, LLC					
	Firm/Company					
3225 S. MacDill Av	enue, Ste. 129-236					
	Address					
Tampa, FL 33629						
	City, State and Zip Code					
ma.hoeller@bisoni	nvestments.com					
E-mail address	: (to be used for future annual	report notification)				
For further inform	mation concerning this m	atter, please call:				
Marianne Hoeller		at (813	373-8569			
Name of C	Name of Contact Person		Area Code and Daytime Telephone Number			
Enclosed is a cho	eck for the following amo	ount:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	[]\$105.00 Filing Fee and Certified Copy		\$113.75 Filing Fee, entified Copy, and entificate of Status		
Mailing Address:		Street A	Street Address:			
Registration Sect		_	Registration Section			
Division of Corp P.O. Box 6327	orations		Division of Corporations			
Tallahassee, FL 3	32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
- minoritarizate i la c	· • • • • • • • • • • • • • • • • • • •		ssee. FL	,		

CERTIFICATE OF AMENDMENT CERTIFICATE OF LIMITED PARTNERSHIP **OF**



BBACA, Ltd.

Insert name cu	rrently on file wit	h Florida Depar	tment of State	
Pursuant to the provisions of section 62 limited liability limited partnership, wh 12/19/2012, ass	ose certificate signed Florida	was filed wit document nu	h the Florida I mber <u>A12000</u>	Department of State on 000924
adopts the following certificate of amer	idment to its co	ertificate of li	mited partners	ship.
This amendment is submitted to amend the	following:			
A. If amending name, enter the new name here:	ne of the limite	d partnership	or limited lial	oility limited partnership
New name must be	e distinguishable a	and contain an a	cceptable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh				L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or principal o	ffice address	s, <u>enter new n</u>	nailing address and/or
New Principal Office Add (Must be STREET address)	dress:	•		
New Mailing Address: (May be post office box)	_	-		
C. If amending the registered agent and/or the new registered			our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Austin Sigety	<u>y</u> .		
New Registered Office Address:	3225 S. Mac	Dill Avenue, St Enter Flor	e. 129-236 rida street addre	255
	Tampa		, Florida	33629
		lity	, rionda	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

		If Changing Registered Agent, Signature of New Registered			
	the general partner(s), <u>enter the</u> i	name and business addre	ss of each general parti		
<u>tle</u>	Name	Address	Type of Action		
			(i) D		
			Remove		
			☐ Remove		
			_		
	d partnership or limited liability hip" status, enter change here:	y limited partnership is	amending its "limited		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to

F. If amending any other info	rmation, e	enter change(s) here: (Attach	additional sheets, i	f necessary.)
					
			<u>.</u>		
					
Effective date, if other than the da	te of filip	a: IANHARY	16, 2024		
(Effective date, if other than the da (Effective date cannot be prior to nor mo State.)				is filed by the Floria	la Department of
Note: If the date inserted in this block do be listed as the document's effective date				quirements, this date	will not
	·				
Signature(s) of a general partne	r or all go	eneral partne	Prs*:		
(*NOTE: Only one current general parts	_	_		ha limitad mammada	is icaddina or
removing a "limited liability limited part when adding or removing a "limited liab	nership" ele	ection statement.	Chapter 620, F.	S., requires all gener	
CA					
Signature(s) of all new or dissoc	iating ger	neral partner	<u>r(s), if any:</u>		
					 -
	····				
Filing Fee:	\$52.50 \$53.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				