

A20000000413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

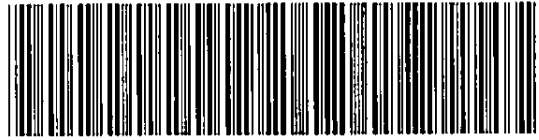
(Document Number)

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Certificates of Status

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2023 MAR 13 PM 3:03
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BNCKN HOLDING COMPANY, LP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PAUL LABINER

Contact Person

LAW OFFICE OF PAUL LABINER

Firm/Company

5499 NO FEDERAL HWY., SUITE K

Address

BOCA RATON, FLORIDA 33487

City, State and Zip Code

PAUL@PLABINERESQ.COM

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

For further information concerning this matter, please call:

PAUL LABINER

at (561) 998-2362

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

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CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

BNCKN HOLDING COMPANY, LP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on October 5, 2020, assigned Florida document number A20000000413, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. If amending the registered agent and/or registered office 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

City

Florida

Zip Code

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

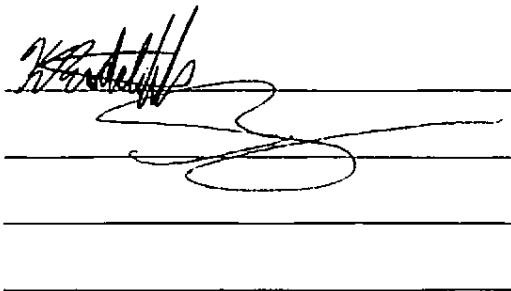
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

_____	_____
_____	_____
_____	_____
_____	_____

Signature(s) of all new or dissociating general partner(s), if any:

KEVIN RADCLIFFE

EDUARDO BARROSO, M.D



Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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DEPT OF STATE

ASSIGNMENT OF INTEREST IN BNCKN HOLDING COMPANY, LP

I, EDUARDO G. BARROSO, M.D., General Partner in BNCKN HOLDING COMPANY, L.P., a limited partnership (the "Partnership") formed in the State of Florida on the 5th day of November 2020, hereby assign the following percentage of my membership interest in the Company to the following person.

Assignee	Percentage of the Interest Assigned	Percentage of the Company Assigned
KEVIN RADCLIFFE	0.5	0.5

IN WITNESS WHEREOF I have executed this Assignment.

EDUARDO G. BARROSO, M.D.

Date: December 13, 2022

STATE OF FLORIDA)
PALM BEACH COUNTY)

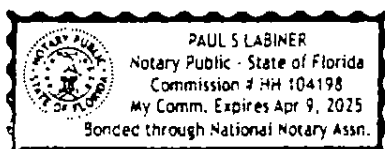
I HEREBY CERTIFY that on December 13, 2022, before me, the subscriber, a Notary Public in and for PALM BEACH COUNTY, Florida, appeared, by means of ☒ physical presence or ☐ online notarization, EDUARDO G. BARROSO, M.D., Assignor, personally known to me (or proved to me on the basis of satisfactory evidence, to wit: driver's license, or other identification, specifically: _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged that the foregoing instrument was executed by EDUARDO G. BARROSO, M.D. Assignor for the purposes therein contained.

WITNESS my hand and notarial seal.

Dated: December 13th, 2022
(SEAL)

Notary Public

Print Name of Notary
My Commission Expires: _____



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STATE OF FLORIDA
PALM BEACH COUNTY