

B220000000118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

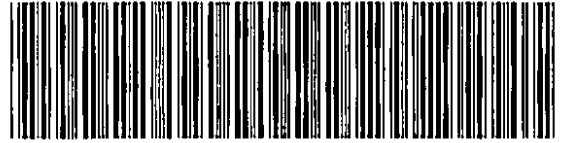
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

need cert.

Office Use Only



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2022 OCT 11 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JAN 31 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BPG Management Company, L.P.**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Claire Gallagher c/o Marybeth Lord

Contact Person

Equus Capital Partners, Ltd.

Firm/Company

3843 West Chester Pike

Address

Newtown Square, PA 19073

City, State and Zip Code

cgallagher@equuspartners.com

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

For further information concerning this matter, please call:

Claire Gallagher

at (**215**)

575-2308

Name of Contact Person

Area Code

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

SECRETARY OF STATE
TALLAHASSEE, FL

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**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
BPG Management Company, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B22000000118

2. The jurisdiction of its formation is: Pennsylvania

3. The date the entity was authorized to transact business in Florida is: March 11, 2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

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 LLLP.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

Kristen Zimmerman,

1601 N. Sepulveda Blvd. #341

☒ Add

☐ Remove

☐ Change

Manhattan Beach, CA 90266

special general partner

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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☐ Add

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SECRETARY OF STATE
TALLAHASSEE, FL

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

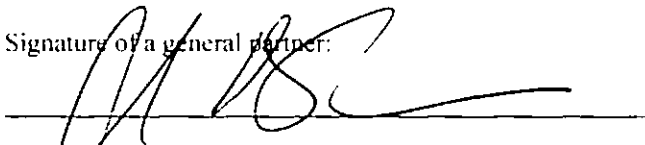
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: upon filing (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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 of a general partner:



Typed or printed name:


Andrew Brookman, Sr. VP of BPG MC-GP, LLC, general partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Claire Gallagher Name 3843 W CHESTER PIKE Address NEWTOWN SQUARE PA 19073 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Amendment-Domestic Limited Partnership/Limited Liability Company DSCB:15-8622/8822(rev. 2/2017)  8622
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

Check one: ☒ Limited Partnership (§ 8622) ☐ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:

BPG MANAGEMENT COMPANY, L.P.

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization:

2/28/2005

Date(MM/DD/YYYY)

3. The current registered office address on file with the Department of State: *Complete part (a) OR (b) – not both:*

(a) 3843 West Chester Pike, Newtown Square, PA, 19073, Delaware.

Number and Street	City	State	Zip	County
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(b) c/o:

Name of Commercial Registered Office Provider	County
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4. Check, and if appropriate complete, one of the following:

☒ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

BPG Management Company, L.P. has added a special general partner Kristen Zimmerman.

☐ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Check, and if appropriate complete, one of the following:

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date(MM/DD/YYYY) Hour (if any)

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 11th day of July, 2022.

BPG MANAGEMENT COMPANY, L.P.

Name of Limited Partnership/Limited Liability
Company

Andrew Brookman

Signature

Senior Vice President of GP

Title

Docketing Statement (Changes)
DSCB: 15-134B

BUREAU USE ONLY

☐ Revenue ☐ Labor & Industry

☐ Other _____

File Code _____ File Date _____

Part I. Complete for each filing:

Current name of entity or registrant (*survivor or new entity if merger or consolidation*):

BPG MANAGEMENT COMPANY, L.P.

Entity number, if known: Incorporation/qualification date in PA:

State of Inc: Federal EIN: Specified effective date, if any:

Part II. Check proper box:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment (complete Section A) | <input type="checkbox"/> Merger, Consolidation or Division (complete Section B, C, or D) |
| <input type="checkbox"/> Consolidation (complete Section C) | <input type="checkbox"/> Division (complete Section D) |
| <input type="checkbox"/> Conversion (complete Section A & E) | <input type="checkbox"/> Correction (complete Section A) |
| <input type="checkbox"/> Termination (complete Section H) | <input type="checkbox"/> Revival (complete Section G) |
| <input type="checkbox"/> Dissolution before Commencement of Business (complete Section F) | |

☒ Section A - Check box(es) which pertain to changes:

☐ Name:

☐ Registered Office: Number & street/RD number & box number City State Zip County

☐ Purpose:

☐ Stock (aggregate number of share authorized): _____ Effective date: _____

☐ Term of Existence: _____ Other: _____

___ **Section B - Merger** *Complete Selection A if any changes to surviving entity:*
Merging Entities are: (attach sheet for additional merging entities)

Name: _____ Entity #, if known: _____

Effective date: _____ Inc./qual. date in PA. _____ State of Inc. _____

Name: _____ Entity #, if known: _____

Effective date: _____ Inc./qual. date in PA. _____ State of Inc. _____

___ **Section C - Consolidation**

Consolidating Entities are: (attach sheet for additional consolidating entities)

Name: _____

Entity #, if known: _____ Inc./qual. date in PA. _____ State of Inc. _____

Name: _____

Entity #, if known: _____ Inc./qual. date in PA. _____ State of Inc. _____

___ **Section D - Division**

Forming new entity(s) named below: (attached sheet for additional entities)

Name: _____ Entity Number: _____

Name: _____ Entity Number: _____

Check one: ___ Entity named in Part I survives. (any changes, complete Section A)

___ Entity named in Part I does not survive.

___ **Section E - Conversion** (complete Section A)

Check one: ___ Converted from nonprofit to profit ___ Converted from profit to nonprofit

___ **Section F - Dissolved by Shareholders or Incorporators Before Commencement of Business**

___ **Section G - Statement of Revival** (complete Section A for any changes to revived entity.)

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

____ Section H - Statement of Termination (*attach sheet for additional entitites involved*)

_____ filed in the Department of State on _____ is/are hereby terminated.

(type of filing made)

month/date/year hour, if any

If merger, consolidation or division, list all entries involved, other than that listed in Part I:

Name:

Entity Number:

Name:

Entity Number:
