

B22000000523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

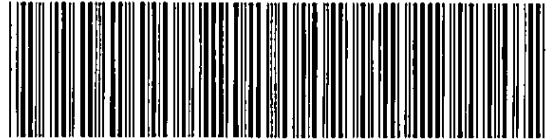
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 23 2024

Office Use Only



700427532217

FILED
2024 MAY 22 AM 9:46
RECEIVED
2024 MAY 22 PM 2:45
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/22/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1258068

ORDER ENTITY

BCP FOOD SERVICES GROUP LP

PLEASE PERFORM THE FOLLOWING SERVICES:

BCP FOOD SERVICES GROUP LP (FL)

File the attached amendment

NOTES:

\$52.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BCP FOOD SERVICES GROUP LP**

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:

Samantha O'Neill

Contact Person

Paris Ackerman LLP

Firm/Company

120 Eagle Rock Ave., Suite 315

Address

East Hanover, NJ 07936

City, State and Zip Code

srahn@parisackerman.com

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

For further information concerning this matter, please call:

Samantha O'Neill

at (

973

) 747-3225

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

FILED
AMENDMENT TO CERTIFICATE OF AUTHORITY

FOR

2024 MAY 22 AM 9:48

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:

BCP FOOD SERVICES GROUP LP

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

B22000000523

2. The jurisdiction of its formation is: Nevada

3. The date the entity was authorized to transact business in Florida is: 11/1/2022

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:

Chicago Capital Partners, LLC

5555 San Felipe Street,

☐ Add

☒ Remove

☐ Change

Suite 1135, Houston, TX 77056

Warm Capital Partners LLC

7695 SW 104th Street, Suite 100

☒ Add

☐ Remove

☐ Change

Pinecrest, FL 33156

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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:

The principal address for the company is corrected to be 7695 SW 104th Street, Suite 100, Pinecrest, FL 33156

The mailing address for the company is corrected to be 7695 SW 104th Street, Suite 100, Pinecrest, FL 33156

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.

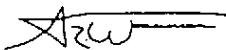
☐ The entity is no longer a limited liability limited partnership.

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: _____ (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:

Ricardo Warman, manager of Warm Capital Partners LLC, the general partner

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