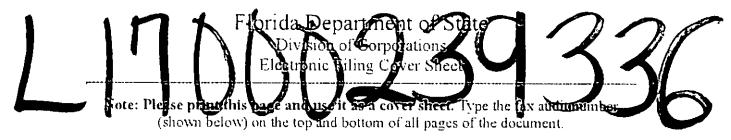
6/30/23, 9:10 AM

Division of Corporations



(((H23000232180 3)))



H230002321803ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, CORPORATE

Account Number : I20160000074 : (407)839-4277 Phone Fax Number : (407)839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mtovar1967@yahoo.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BILDERTON LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

M. SOLOMON

JUL - 5 2023

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID. 410DB4AA-37A4-456B-9B32-770CDE7F020B COVER LETTER

Fax Audit No. H23000232180 3

| | Registration Se Division of Cor | | | 1 437 155 175 175 175 175 175 175 175 175 17 |
|------------------|------------------------------------|---|---|---|
| SUBJEC | Bilderton I | LC. | | |
| aunarc | · · · · | Name of Lin | nited Liability Company | |
| The encle | osed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following. | |
| | | Beatriz Rosa | | |
| | | | Name of Person | |
| | | Nelson Mullins | | |
| | | | Firm/Company | |
| | | 2 Biscayne Blvd., 21st Flo | oor | 202 |
| | | | Address | |
| | | Miami, FL 33133 | | 2023 JUN 30 PH 4: 22 |
| | | intovarl967@yahoo.coin | City/State and Zip Code | Y OF S |
| | | *** | to be used for future armual report nonfication) | |
| For furthe | er information c | oncerning this matter, please o | all: | 22 Pho- |
| Beatriz R | Rosa | | 305 373 - 9459 | |
| | Name o | f Person | Area Code Daytime Teleph | one Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25. 0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|] | Mailing Addres Registration S | Section | Street Address: Registration Section | |
| | Division of C P.O. Box 632 | | Division of Corporation The Centre of Tallaha | |
| | Fallahassee, I | | 2415 N. Monroe Stree | |

Tallahassee, FL 32303

Fax Audit No. H23000232180 3

DocuSign Envelope ID: 410DB4AA-37A4-486B-9B32-770CDE7F020B ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

| Bilderton LLC | | | | |
|---|--|---|--|--------------------------------------|
| (Name of the Limit | ed Liability Compan (A Florida Limited Lia | y as it now appears o ability Company) | n our records.) | |
| The Articles of Organization for this Limited Li Florida document number <u>L17000239336</u> | ability Company w | vere filed on 11/2 | 0/2017 | and assigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | the limited liabili | ity company here: | : | |
| The new name must be distinguishable and contain the we | ords "Limited Liability | y Company," the desig | mation "LLC" or the abb | reviation "L L.C " |
| Enter new principal offices address, if applica | able: | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | | 023 |
| | | | | <u> 경화 둘</u> - |
| | | | | 130 F |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE) | <u> 30N)</u> | | | S E |
| | | | | <u> </u> |
| B. If amending the registered agent and/or reagent and/or the new registered office address | - | dress on our reco | ords, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 881 Ocean Dr., 2 | 7 H | | |
| | | Enter Florida | street address | |
| | Key Biscayne | | Florida _ ³³¹ | 19 |
| | | City | | Zıp Code |
| New Registered Agent's Signature, if changing R | <u> </u> | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content. | er and complete p stered agent as pr registered office a | erformance of my ovided for in Cha | rduties, and Lam fa opter 605, F.S. Or. 1 | miliar with and fthis document is |

It Changing Registered Agent, Signature of New Registered Agent

pg 6 of 7

DocuSign Envelope ID: 410DB4AA-37A4-486B-9B32-770CDE7F020B
IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------------|------------------------|----------------------|
| MGR | Alexandra Strauss | 207 N Main St | □Add |
| | | Hightstown, NJ 08520 | ■Remove |
| | | | □ Change |
| MGR | Marcela Tovar Restrepo | SS1 Ocean Dr. | |
| | | 27 H | □Remove |
| | | Key Biscayne, FL 33149 | ☐Change |
| | | | 2023 JUN 30 PM 4: 22 |
| | | | □Remove |
| | | | Change |
| | | | bAdd |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | DChange |

DocuSign Envelope ID: 410D84AA-37A4-4868-9B32-770CDE7F020B

Fax Audit No. H23000232180 3

| D. It amending any our inform | ation, enter change(s) here: (Attach additional | sneers, if necessary.) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| · | | |
| | | 2023 |
| | | SECRETA SECRETA |
| | | |
| | | OF ST. |
| | | 30 10 |
| | | ~ <u>~</u> |
| | | |
| | st be specific and cannot be prior to date of filing or more th lock does not meet the applicable statutory filing req | |
| the record specifies a delayed effects cord is filed. | re date, but not an effective time, at 12 01 a.m. on the | e earlier of (b) The 90th day after the |
| Dated June 29 | 2023 | |
| Marcela towar Ristripo | Signature of a member or authorized representative of a r | |
| -, | Signature of a member or authorized representative of a r | namber |
| Marcela Tovar Restrep | 0 | |
| | Typed or printed name of signee | - |