L22000482023

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| (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: |
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Office Use Only



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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Bilbao Ventures LLC | _; |
|-----------------------------------|--------------------------------|
| Please Debit FCA000000003 For: 25 | |
| Thank you Seth Neeley | |
| Stal | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| Signature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| Requested by: | UCC or 3 File |
| Name Date Time | UCC 11 Search |
| | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

COVER LETTER

| | gistration Se vision of Cor | | | |
|---------------|--------------------------------|--|---|--|
| SUBJECT: | Bilbao Ven | tures LLC | | |
| oobone, r. | | Name of Lim | ited Liability Company | |
| The enclose | d Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | |
| | | Emilio Gutierrez | | |
| | | | Name of Person | |
| | | FA Corporate Manageme | ent LLC | |
| | | | Firm/Company | |
| | | 2050 Coral Way, Ste 405 | 5 | p Code e annual report notification) 7616978 de Daytime Telephone Number ag Fee & S60.00 Filing Fee, Copy Certificate of Status & Certified Copy The Copy Certified Copy |
| | | | Address | |
| | | Miami, FL 33145 | | |
| | | | City/State and Zip Code | |
| | | Legal2@facorporatemg.c | | |
| | | E-mail address: (| to be used for future annual report notifi | .cation) |
| For further i | nformation co | oncerning this matter, please ca | all: | |
| Emilio Guti | еггех | | 347 7616978 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| \$25.00 1 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bilbao Ventures LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/10/2022 and assigned Florida document number L22000482023 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7724 Martino Circle, Naples, FL 34112 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7724 Martino Circle, Naples, FL 34112 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: FA Corporate Management LLC Name of New Registered Agent: 2050 Coral Way Ste 405 New Registered Office Address: Enter Florida street address , Florida 33145
Zip Code Miami

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Claudia S. Muño If Changing Registered Agent, Signature of New Registered Agent If amending Authorized Person(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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---|------------------------------------|
| MGR | Martha Castro | 7/24 Martino Circle, Naples, FL, 34112 | △ Add |
| | | | □ Remove |
| | | | Change |
| MGR | Olga L. Duque | 7724 Martino Circle, Naples, FL, 34112 | Add |
| | | | □ Remove |
| | | | Change |
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| e record specifies a delayed The 90th day after the reco | | not an effective ti | me, at 12:01 a.m. on th | ne earlier o |
| ated | . 2023 | <u> </u> | | |
| | 01 1.5 | and ~ | | |
| | Claudia S., | munoz | | |

Page 3 of 3

Filing Fee: \$25.00