L23000029868

(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:





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S ROLERTS

CAPITAL CONNECTION, INC.

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

····	
Barakaldo Ventures LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1400/	
De g	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
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
12	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:		/entures LLC				
		Name of Limi	ted Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspor	dence concerning this matter t	to the following:			
		Emilio Gutierrez				
			Name of Person			
	FA Corporate Management LLC					
	Firm/Company					
		2050 Coral Way, Ste 405				
	Address					
		Miami, FL 33145				
			City/State and Zip Code			
		Legal2@facorporatemg.co				
			o be used for future annual report notif	cation)		
For further in	nformation co	ncerning this matter, please ca	dl:			
Emilio Gutic			347 7616978 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	filing Fee	☐ \$30.00 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 ADDRESS:

TO:

Registration Section

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

Barakaldo Ventures LLC			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited I	iability Company	were filed on 01/17/2023	_ and assigned
Florida document number L23000029868			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L1.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		7724 Martino Circle, Naples, FL 34112	79
Principal office address MUST BE A STREET ADDRESS)			· 5
			:
		_	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7724 Martino Circle, Naples, FL 34112	, î
			
		<u></u>	-
3. If amending the registered agent and egistered agent and/or the new registered of	ffice address her	<u>e</u> :	e name of the
Name of New Registered Agent:	FA Corporate	Management LLC	
New Registered Office Address:	2050 Coral W	<u> </u>	
		Enter Florida street address	
	Miami	Florida <u>3314</u>	
		City	Zip Code

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.

Claudia S. Muñoz

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>	<u>Address</u>	Type of Action
MGR	Martha Castro	7724 Martino Circle, Naples, FL, 34112	■ Add
			☐ Remove
			Change
MGR	Olga L Duque	7724 Martino Circle, Naples, FL, 34112	
			Remove
			Change
MGR	International Corporate Service INC	2600 S Douglas Rg, Suite 913, Coral Gables, FL, 33134	
			■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
		<u> </u>	☐ Remove
			Change

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ffective date, if other than the (an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be lis	05.0207 sted as
e record specifies a delayed The 90th day after the reco	effective date, but not ar ord is filed.	n effective time, at 12:01 a.m. on the earl	lier o
ated July, 31th	. 2023		
	Claudia S. Muñ.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

то;	Registration Se Division of Cor					
cum		Ventures LLC				
SUB.	Name of Limited Liability Company					
The e	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Pleas	e return 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			
	Address					
		Miami, FL 33145				
		· ·	City/State and Zip Code			
		Legal2@facorporatemg.c				
		E-mail address: ()	to be used for future annual report notif	ication)		
For fi	urther information co	oncerning this matter, please ca	all:			
Emili	o Gutierrez		347 7616978 at ()			
	Name of	l'Person	Area Code Daytime	: Telephone Number		
Enclo	osed is a check for th	e following amount:				
■ \$	25.00 Filing Fee	☐ \$30.00 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)		

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