

L14 0000 74125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

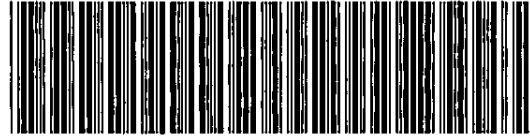
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers JAN 05 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2014

SURELY MOLINA
5862 W FLAGLER ST
MIAMI, FL 33144

SUBJECT: DIRECT B.A. LLC
Ref. Number: L14000034125

We have received your document for DIRECT B.A. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00025658

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Direct BA 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 9/18/14 and assigned
Florida document number L14000034125

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
- MGR	Di Paola Claudio	Ave Republica De el Salvador 3317	<input type="checkbox"/> Add
		Montevideo, RE	<input checked="" type="checkbox"/> Remove
		Urugu-44	
- MGR	ADRIANA, Rodriguezm		<input type="checkbox"/> Add
		AVE Republica De el Salvador 3317	<input checked="" type="checkbox"/> Remove
		Montevideo, Re. Urugu-44	
+ MGR	Gonzalo Alberto Berti wills	5862 West Flagler Street Miami FL 33144	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

12/27/14

Adrian Rod

Signature of a member or authorized representative of a member

WGR.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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