

L14000050835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McGowan JUN 27 2014



900 W. 48th Place, Suite 900, Kansas City, MO 64112-1895 • 816.753.1000

June 24, 2014

Darcie E. Link
(816) 218-1241
(816) 817-0297 Direct Fax
dlink@polsinelli.com

Registration Section
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: BACM 2007-3 Retail 9470, LLC

Dear Sir or Madam:

Enclosed herein please find the Articles of Amendment form with respect to the above-referenced entity and a check in the amount of \$25.00 to pay for the filing fee. Please file the enclosed and return the file-stamped copy to my attention at the above address.

Should you have any questions with respect to the enclosed, please contact the undersigned.

Sincerely,

Darcie E. Link
Practice Group Assistant

DEL:dl
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACM 2007-3 RETAIL 9470, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannine Campbell

Name of Person

Polsinelli PC

Firm/Company

900 W. 48th Place, Suite 900

Address

Kansas City, Missouri, 64112

City/State and Zip Code

jrcampbell@polsinelli.com

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

For further information concerning this matter, please call:

Steve Schrag

Name of Person

at

913 317-4110

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

FILED
2014 JUN 27 AM 11: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BACM 2007-3 RETAIL 9470, 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 March 27, 2014 and assigned Florida document number L14000050835.

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)

c/o KeyBank National Association

11501 Outlook Street, Ste. 300

Overland Park, Kansas 66211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o KeyBank National Association

11501 Outlook Street, Ste. 300

Overland Park, Kansas 66211

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LNR Partners, LLC	1601 Washington Avenue, Suite 700	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Remove
MGR	KeyBank National Association	11501 Outlook Street, Ste. 300	<input checked="" type="checkbox"/> Add
		Overland Park, Kansas 66211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

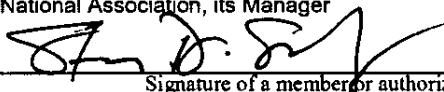
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 19, 2014

KeyBank National Association, its Manager

By:



Signature of a member or authorized representative of a member

STEVEN D. SCHRAG, VICE PRESIDENT

Typed or printed name of signee

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Filing Fee: \$25.00

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