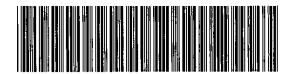
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J. HARRIS

COVER LETTER

Division of Co			
BA MORT SUBJECT:	TGAGE, LLC		
JOBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	NELSON GONZALEZ		
		Name of Person	
	BA MORTGAGE, LLC		
		Firm/Company	
	15476 NW 77TH COURT	#109	
	-	Address	
	MIAMI LAKES, FL 33016	5	
		City/State and Zip Code	
	MORTGAGEBA@GMAIL		
For further information	e-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cauon)
NELSON GONZALEZ		305 915-1782 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filling 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: 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

BA MORTGAGE, LLC					
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)				
ne Articles of Organization for this Limited Liability Company were filed on MAY 06, 2015 an orida document number L15000080569					
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	a decignation "LTC" or the abbreviation "LTC"				
	e designation (E.E.C.) of the abbreviation (E.E.C.)				
Enter new principal offices address, if applicable:	₩ (%) **				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
	<u> </u>				
	20 PL P				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
	and the second of the				
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the				
Name of New Registered Agent:					
New Registered Office Address:					
	Florida street address				
	Florida				

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	JUANA LUBERTA	15476 NW 77TH COURT, #109	Add
		MIAMI LAKES, FL 33016	■ Remove
			Change
MGR	NELSON GONZALEZ	15476 NW 77TH COURT #109	Add
		MIAMI LAKES, FL 33016	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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			Change
			Add
			Remove
			Change

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	MAY 7	7, 2015			
fective date, if other than the meffective date is listed, the date m	nust be specific and cannot be	prior to date of filing or m	ore than 90 days after film	ng.) Pursuant to 605.	.0207
ote: If the date inserted in this cument's effective date on the			g requirements, this da	te will not be liste	ed as
record specifies a delaye The 90th day after the re	ed effective date, but ecord is filed.	t not an effective t	ime, at 12:01 a.m	i. on the earlie	er o
				<u>ੋਂ</u> ਤ	
nted JUNE 17	2015			JUN 29	
	2/2				T)
		17-/			
	Signature of a member or	atthorized representative	of a member	9 7	T

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00