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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 : (305)388-7028

: (305)479-2705 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BA CAPITAL HC					,
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appe Liability Company	nes on our records	ŗ)		
The Articles of Organization for this Limited L		were filed on	07/13/2015	<u></u>	_and assi	gned
Florida document numberL15000120106	·					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company	here:			
N/A						
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the	designation "LLC"	or the abbre	viation "L.I,	C."
Enter new principal offices address, if applications	cable:	N/A	- <del> </del>			
(Principal office address MUST BE A STREE	ET ADDRESS)			<del></del>		
			<u></u>	Aso	_+	<u> </u>
				 5-Z	9 <u>0</u>	e d
Enter new mailing address, if applicable:		N/A		250	<u> </u>	' f
(Mailing address MAY BE A POST OFFICE	ROY			7,3	9	٠
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				50	ထွ	
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	ffice address	on our records	enter the	e hame c	of the new
		<b>-</b> -				
Name of New Registered Agent:	N/A					
New Registered Office Address:						
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address				
			Flo	rida		
		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 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>	Name	Address	Type of Action
AMBR	MARTIN GUILLERMO ORTIZ DE ROZAS	485 Brickell Avenue	<b>=</b> Add
		Unit 2301	□ Remove
		Miami, FL 33131	□ Change
	•		Add
			→ □ Remove
			Change
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08/26/2016						
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			TIM SUAZO		\	SE S
<u></u>		Typed	or printed name of	signee	****	
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				signee	****	ARC ACC