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TO: Amendment Section

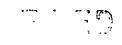
Division of Corporations NAME OF CORPORATION: BCI FINANCIAL GROUP, INC. P08000032047 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: S. MARSHALL MARTIN Name of Contact Person c/o City National Bank of Florida, Attn.: Legal Department Firm/ Company 100 SE 2nd Street, 13th Floor Address Miami, FL 33131 City/ State and Zip Code Legaldepartment@citynational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (305) 577-7333 Area Code & Daytime Telephone Number S. MARSHALL MARTIN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

of



BCI FINANCIAL GROUP, INC.

2019 00T 23 PM 2: 04

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
	P0800003	2047	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ime of the corporation:		
		The new	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		c/o City National Bank of Florida	
		Attn: Legal Department	
		100 SE 2nd Street, 13th Floor, Miami, FL 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o City National Bank of Florida	
		Attn: Legal Department	
		100 SE 2nd Street, 13th Floor, Miami, FL 33131	
D. If amending the registered agent an new registered agent and/or the nev			
Name of New Registered Agent			
	Attn: Legal Department	, 100 SE 2nd Street, 16th Floor	
	(Florida s	treet address)	
New Registered Office Address:	Miami	, Florida 33131	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
, J	,	, 3 , 1	
		'/A	
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		25 West Flagler, 5th Floor
Add				Miami, FL 33130
X Remove				
2) Change				 c/o City National Bank of Florida
X Add				Attn: Legal Department
Remove				100 SE 2nd Street, 13th Floor
3) Change				 Miami, FL 33131
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				· ————————————————————————————————————

Please change the address for all the officers/directors to the "Add" address on page 2. In an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	•
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	_ <u></u>

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:	December 1st, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder by the incorporators without shareholder action and shareholder	
Dated Signature	a director, president or other officer of directors or officers have not	t hoen
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	S. MARSHALL MARTIN	
	(Typed or printed name of person signing)	
	SGM and Registered Agent	
	(Title of person signing)	