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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERANT VENTURES, LLC

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T. LEMIEUX

JAN 1 1 2024

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERANI VENTURES, ELC			
( <u>Name of the Limited</u> (A	Liability Company as it now a Florida Limited Liability Comp	ippears on our recor	<u>ds.</u> )
***		,, ,	
The Articles of Organization for this Limited Liab	oility Company were filed o	on 12/04/2020	and assigned
Florida document number 1.20000380623			
riorida document number	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compa	nv here:	
	1 mil 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		00 11 12 11 10 10
The new name must be distinguishable and contain the work	ds "Limited Liability Company,	the designation "LLC	c' or the abbreviation "L.L.C,"
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET			
[Frincipal office address MOST BE A STREET	ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		· · · · · · · · · · · · · · · · · · ·
		<del>.</del>	
B. If amending the registered agent and/or reg		our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:		Cl +1	
	Enter Florida street address		
		, <b>F</b> I	lorida <u>44</u>
	City		Zip Code;
New Registered Agent's Signature, if changing Reg	stered Agent:		
		.1.1	
I hereby accept the appointment as registered (			
provisions of all statutes relative to the proper accept the obligations of my position as registe	ana comprete perjorman vrød avent as provided fo	ce oj my annes, a r in Chanter 605	FS Or if this document is
being filed to merely reflect a change in the res			
company has been notified in writing of this ch			ා ආ
	~		2

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
MGR	Miguel Palacios	220 ALHAMBRA CIRCLE, 12TH FLOOR	🖸 Add
		CORAL GABLES, FL 33134	Remove
			□Change
			□Add
			□Remove
			□Change
	Addition of the second		□Add
			□Remove
			□Change
			🗀 Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□Change

Please ensure that they conti	nue to be listed as managers but listed only once.
Keep them listed at: 220 AL	HAMBRA CIRCLE 12TH FLOOR, CORAL GABLES, FL 33134
	· · · · · · · · · · · · · · · · · · ·
-	
<del></del>	
. Effective date, if other than the	e date of filing: (optional)
(If an effective date is listed, the date mu-	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) lock does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
izaicu	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee