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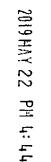
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C. GOLDEN JUN 1 0 2019

COVER LETTER

SUBJECT:		CNB RE HOLDINGS,	LLC	
_	•	Name of Limi	ted Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		S. MARSHALL MARTIN		
		·	Name of Person	
		C/O CITY NATIONAL BA	ANK OF FLORIDA	
			Firm/Company	
		25 WEST FLAGLER STR	EET, 5TH FLOOR	
			Address	
		MIAMI, FLORIDA 33130		
		LEGALDEPARTMENT@0	City/State and Zip Code	<u>,, </u>
		E-mail address: (t	o be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please ca	ıll:	
5	S. MARSH	ALL MARTIN	305 577-7333 at ()	
_	Name of	Person		Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ing 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

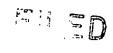
TO:

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



2019 HAY 22 PH 4: LI

CNB RE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	bility Company)	<u>, us.</u>)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on JULY 7, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tv company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Xıp Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CITY NATIONAL BANK OF FLORIDA	25 WEST FLAGLER STREET MIAMI, FL 33130	
			Remove
			Change
GM	MARITZA JAIME	25 WEST FLAGLER STREET MIAMI, FL 33130	Add
			□ Remove
			Change
		-	Remove
			Change
	 	Remove	
			Change
		<u> </u>	□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state locument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 tutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
Dated MAY 21, 2019	
Sentitive of member or authorized re	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00