

L12 000044424

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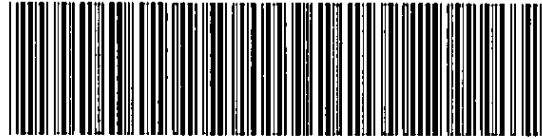
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Name:	FNBSM Coral Gables, LLC
Document #:	
Order #:	15018572 - 17

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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FNBSM Coral Gables, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Reardon, Senior Paralegal

Name of Person

Squire Patton Boggs (US) LLP

Firm/Company

201 E. Fourth Street, Suite 1900

Address

Cincinnati, OH 45202

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Reardon, Senior Paralegal

513 361-1259
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FNBSM Coral Gables, LLC

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

2023 JUL -5 AM 11
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 03/29/2012 and assigned
Florida document number L12000044424.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2 W. Washington St. Suite 700

Greenville, South Carolina 29601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2 W. Washington St. Suite 700

Greenville, South Carolina 29601

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

/s/Laura R. Broderick, Assistant Secretary

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>	<u>Type of Action</u>
EVPS	Edward Vargas	5750 Sunset Dr.	<input type="checkbox"/> Add
		South Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Rosa Ortiz	5750 Sunset Dr.	<input type="checkbox"/> Add
		South Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MP	H. Lynn Harton	2 W. Washington St. Suite 700	<input checked="" type="checkbox"/> Add
		Greenville, South Carolina 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MS	Melinda Davis Lux	2 W. Washington St. Suite 700	<input checked="" type="checkbox"/> Add
		Greenville, South Carolina 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MVPT	Alan H. Kumler	2 W. Washington St. Suite 700	<input checked="" type="checkbox"/> Add
		Greenville, South Carolina 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 3, 2023.

/s/ Melinda Davis Lux

Signature of a member or authorized representative of a member

Melinda Davis Lux

Typed or printed name of signee