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

Certificate of Status	0
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T. LEMIEUX NOV - 9 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERANT VENTURES, LLC				
(Yame of the Limi	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our record lompany)	<u>r)</u>	
The Articles of Organization for this Limited I	Liability Company were fil	ed on 12/04/2020	an	d assigned
Florida document number L20000380623	·			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC	or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			
3. If amending the registered agent and/or	registered office address	on our records, enter	the name of th	e new regist
gent and/or the new registered office addr				
Name of New Registered Agent:	S. Marshall Martin			
New Registered Office Address:	220 Alhambra Circle, 1	2th Floor		
THE TAX PROPERTY VALUE AND USS.		Enter Florida street addres	13	
	Coral Gables	En.	orida <u>33134</u>	رن رن
	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.

By: Marja Souza, Attorney-in-Fact

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	IAFIGLIOLA, CARLOS	220 ALHAMBRA CIRCLE	🖸 Add
		12TH FLOOR	Петюче
		CORAL GABLES, FL 33134	∰Change
MGR	TRUJILLO, IVAN	220 ALHAMBRA CIRCLE	□Add
		CORAL GABLES, FL 33134	=Remove
			Change
MGR	HOWARD LEVINE	220 ALHAMBRA CIRCLE	⊒Add
		12TH FLOOR	□Remove
		CORAL GABLES, FL 33134	Change
MGR	S. MARSHALL MARTIN	220 ALHAMBRA CIRCLE	
		12TH FLOOR	□Remove
		CORAL GABLES, FL 33134	□ Change
			Remove
			Change
			□ Add
			□Remove
			Change

f amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If th	date, if other than the date of filing: (optional) e 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 605,020 the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated No	Vember 8th 2023
	Signature of a member or authorized representative of a member
	Marja Souza, Attorney-in-fact Typed or printed name of signee

Filing Fee: \$25.00