Florida Department of State

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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

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

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S. RC. 1110

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERANT VENTURES, LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number 1.20000380623	iability Company	were filed on 12/04/2020	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the	words 'Limited Liabii	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		c/o Amerant Bank Legal Department		
(Principal office address MUST BE A STREI		220 Alhambra Circle		
		Coral Gables, FL 33134		
Enter new mailing address, if applicable:		c/o Amerant Bank Legal Department		
Mailing address MAY BE A POST OFFICE	BOX)	220 Alhambra Circle	· 	
		Coral Gables, FL 33134		
B. If amending the registered agent and/or	i-to-ad affine	address an our records enter the	name of the new register	
B. It amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the		
Name of New Registered Agent:	S. Marshall Ma	artin		
New Registered Office Address:	220 Alhambra	Circle, 12th Floor		
TIVII TINDOMINI ON CANADA SAMA AND		Enter Florida street address		
	Coral Gables	, Florid	a 33134	
		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 Chringing 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>	Address	Type of Action
MGR	IAFIGLIOLA, CARLOS	220 ALHAMBRA CIRCLE	□Add
		12TH FLOOR	□ Remove
		CORAL GABLES, FL 33134	■ Change
MGR	TRUJILLO, IVAN	220 ALHAMBRA CIRCLE	
		CORAL GABLES, FL 33134	≅Remove
			☐ Change
MGR	HOWARD LEVINE	220 ALHAMBRA CIRCLE	≅Add
		12TH FLOOR	□Removε
		CORAL GABLES, FL 33134	☐ Change
MGR	S. MARSHALL MARTIN	220 ALHAMBRA CIRCLE	
		12TH FLOOR	□Remove
		CORAL GABLES, FL 33134	□ Change
			□Remove
			Change
			□ Remove
		· <u>-</u>	□ Change

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Effective date, if of (If an effective date is list Note: If the date insedocument's effective	ner than the date of filed, the date must be specific atted in this block does not date on the Department of	Ing:	to date of filing or a	opi nore than 90 days aft ng requirements, th	tionnl) er filing.) Pursumet to 6 his date will not be li	605.02 isted
ne record specifies a de ord is filed.	layed effective date, but t	not an effective ti	ime, at 12:01 a.m.	on the earlier of:	(b) The 90th day at	fter ti
Dated November 8th		2023				
	17	1.11	J.			
	Signaturo	f a member or auth	fixed representativ	e of a member		

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