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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	T SPV. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guillermo Paris		
	_	Name of Person	
	AMERANT SPV, LLC		
		Firm/Company	
	220 Alhambra Circle		
		Address	<u>.</u>
	Coral Gables FL, 33134		
		City/State and Zip Code	
	gparis@amerantbank.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Guillermo Paris		305 4608790	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Con	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 1	Fallahassee be Street, Suite 810
танана8800. Т	にし フಫンキサー	2410 IN, MOHIO	ic affect, affile 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERANT SPV, LLC		·
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.) and believe
The Articles of Organization for this Limited Liability C Florida document number L21000224113	Company were filed on 05/1	3/2021 Example assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	cords, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floric	la street address
	Civ	Florida 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.

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
MGR	FIGUEREDO. ALFONSO	220 ALHAMBRA CIRCLE, 12TH FLOOR	□ Add
		CORAL GABLES. FL 33134	■ Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
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ective date, if other t	han the date of	filing:		(optional	l)
reffective date is listed, the term of the date inserted	adate must be speci in this block does	lic and cannot be prior	or to date of filing or mo cable statutory filing	re than 90 days after tilin -requirements -this dat	g.) Pursuant to 605.020 e will not be listed a
rument's effective date					
cord specifies a delayed	I effective date. b	ut not an effective	time, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
s filed.					
December 17	Λ	3021			
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			norized representative of	d'a member	
	Signatur	e or a flictiliser of auto	ionized representative (n a memoer	
Ivan Trujillo	Signatur	e or a memoer or au	- September 1	A a memer	