

11/14/23, 3:44 PM

Division of Corporations

L210003945713

Florida Department of State

Division of Corporations

Electronic Filing (Cover Sheet)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000394571 3)))



H23000394571348C1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERANT SPV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 NOV 16 PM 12:55

RECEIVED

NOV 14 2023 PM 4:46

FLORIDA
DIVISION OF
CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help: 1 NOV 15 PM 1:12
T. LEMIEUX

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

AMERANT SPV, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/13/2021 and assigned
Florida document number L21000224113.

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:

c/o Amerant Bank Legal Department

(Principal office address MUST BE A STREET ADDRESS)

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 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:

S. Marshall Martin

New Registered Office Address:

220 Alhambra Circle, 12th Floor

Enter Florida street address

Coral Gables


Florida 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 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>
AMBR	AMERANT BANCORP INC.	220 ALHAMBRA CIRCLE, 12TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PLUSH, GERALD P	220 ALHAMBRA CIRCLE, 12TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAPRILES, ALBERTO	220 ALHAMBRA CIRCLE, 12TH FLOOR	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANCHEZ, MARIOLA	220 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JERRY PLUSH	220 ALHAMBRA CIRCLE, 12TH FLOOR	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHARYMAR CALDERON	220 ALHAMBRA CIRCLE, 12TH FLOOR	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE ALSO ADD MANAGER: S. MARSHALL MARTIN - 220 ALHAMBRA CIRCLE, 12TH FLOOR

CORAL GABLES, FL 33134

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 November 8th, 2023



Signature of a member or authorized representative of a member

Marja Souza, Attorney-in-fact

Typed or printed name of signer