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SECRETARY OF STATE

MAR 21 2016 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mercantil Comm	mercebank Florida Bancorp, I	nc.
DOCUMENT NUMBER: P08000085404		·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Mariola Triana Sanchez		
	Name of Contact Person	1
•	Firm/ Company	
220 Alhambra Circle, 11th	i Floor	* 18 18 18 18 18 18 18 18 18 18 18 18 18
Coral Gables, FL 33134	Address	
	City/ State and Zip Code	2
000000	mercantil cte	40
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, pl	•	,
Mariola Triana Sanchez	at (305	
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Depa	ertment of State:
\$35 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MERCANTIL COMMERCEBANK FLORIDA BANCORP INC.

(Name of Corporation as curren	tly filed with the Floring Dans of State 3: 5
P0800005404	SECRETARY OF STATE
(Document Number	of Corporation (if knbAbLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
MERCANTIL FLORIDA BANCORP INC.	. The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
•	
C. Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
N/A	
Name of New Registered Agent	
(Elouida	street address)
·	,
New Registered Office Address:	(City), Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	r wun ana accept the obligations of the position.
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	, ana san	ly Smun, SV as an Ada.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 61			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			-

E. <u>If amend</u> (Attach w	<mark>ling or adding additional Arti</mark> dditional sheets, if necessary).	cles, enter change(s) her	<u>e</u> :	
N/A	иштонин этогия, у посозынуу.	(so specyle)		
14/21				
				<u> </u>
			·	
	- · · · · · · · · · · · · · · · · · · ·			
F. <u>If an ame</u>	endment provides for an exch	ange, reclassification, or	cancellation of issued sh	ares,
<u>provisio</u>	ons for implementing the ame not applicable, indicate N/A)	ndment if not contained	in the amendment itself:	
(<i>t) 1</i> 1 N/A	ioi applicable, inalcale IVA)			
N/A			·	
		 		

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: January St 2017 (no more than 90 days after amendment file date)
(no hore than 90 ddys after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_ 3.10.17
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Ivan E. Trujillo
(Typed or printed name of person signing)
Corporate Secretary
(Title of person signing)