## P080000 85404

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Mercantil Florida F	Bancorp Inc			
DOCUMENT NUMI	D00000005.101				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Pedro Parra				
1		Name of Contact Persor	1		
	CTC Management Services,	LLC			
		Firm/ Company			
	220 Alhambra Circle, 2nd Flo	oor			
	Address				
	Coral Gables, FL 33134				
		City/ State and Zip Code	;		
pparr	a@ameranttrust.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Pedro Parra		at (	460-8515		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mercantil Florida Bancorp Inc.			
(Name of Corporation a	as currently filed with the Florida	Dept. of State)	
P08000085404			
(Document	t Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statistis Articles of Incorporation:	tatutes, this Florida Profit Corporation	on adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corpo	oration:		
Amerant Florida Bancorp Inc.		The new	t <sup>r</sup>
name must be distinguishable and contain the word " Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc." or "Co". A professional co	corporated" or the abbreviation	12
B. Enter new principal office address, if applicable:	N/A	SEC.	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>		777
		(S) ==	
	-	. C	[1]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		U
(Statung dauress MAT BE A FOST OFFICE BOA)			
	<del></del>		
D. If amending the registered agent and/or registered		name of the	
new registered agent and/or the new registered offi	ice address;		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe			
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obliga	ations of the position.	
	re of New Registered Agent, if chang	ing	

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: XChange	<u>PT</u>	John D	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	mith_		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_	<del></del>		_
Add					_
Remove					-
2) Change				19 JU SECKI	 
Add					- =
Remove					; -m
3) Change					
Add					_
Remove				* ?*	_
4) Change	<del></del>				_
Add					<del>-</del>
Remove					_
5) Change		_			-
Add				<del></del>	_
Remove					_
6) Change		<del></del>			<del></del>
Add					_
Remove					_

19 JUN 11 PU SECRET SECTOR AND	(Attach additional sheets, if necessary). (Be specific)			
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	N/A			
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The date of each amendment(s) adoption: if or	ther than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days 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 document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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)	
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.  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)  (Typed or printed name of person signing)	FILED
Corporate Secretary (Title of person signing)	