P17000051077

(Requestor's Name)
(Address)
(411)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CITY NATIONAL	. CAPITAL FINANCE INC	·
DOCUMENT NUM	D17000051077		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	S. Marshall Martin		
		Name of Contact Person	
	c/o City National Bank of Flo		
		Firm/ Company	
	25 West Flagler Street, 5th F	• •	
		Address	
	Miami, FL 33130		
		City/ State and Zip Code	
Lega	lDepartment@citynational.com	n	
-	E-mail address: (to be us	sed for future annual report i	notification)
For further information	on concerning this matter, pleas	se call:at (at	577-7460
Name	of Contact Person	at (_)le & Daytime Telephone Number
	or the following amount made		
□ \$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)
Am Div P.C	iling Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000051077	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D 16	d office address in Florida and address of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
The state of the s	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	tered Agent: am familiar with and accept the obligations of the position.

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.

<u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	Manuel Nunez	
Add				
X Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
····	
	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, it other that date this document was signed.
August 7, 2017
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 listed a 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)
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.
November 29, 2017 Dated
(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)
S. Marshall Martin
(Typed or printed name of person signing)
Assistant Secretary
(Title of person signing)