P17000051077

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:	BCICAPITAL, INC.			
DOCUMENT NUM	BER:	P17000051077			
The enclosed Article	s of Amendment and fee are s	submitted for filing.			
Please return all corr	espondence concerning this m	natter to the following:			
	S. MARSHALL MARTIN				
	Name of Contact Person				
	C/O CITY NATIONAL BANK OF FLORIDA				
	Firm/ Company				
	100 SE 2ND STREET, 13T	'H FLOOR			
	Address				
	MIAMI, FLORIDA 33131				
	City/ State and Zip Code				
	LEGALDEPARTMENT@	CITYNATIONAL.COM			
	E-mail address: (to be	used for future annual report	notification)		
For further informati	on concerning this matter, ple	ase call:			
S. MARSHALL MARTIN		at (305	577-7333		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	e payable to the Florida Dep.	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

BCICAPITAL, INC.

-2 " 0:40

(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000051	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" A "chartered," "professional association," or the abbreviation "PA"	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(1)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am jamiliar w.	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	LEONARD SHAVEL	C/O City National Bank of Florida
X Add			100 SE 2nd Street, 13th Floor
Remove			Miami, FL 33131
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

(Attac	nending or adding additional Articles, enter change(s) here: the additional sheets, if necessary), (Be specific)
	-
	
<u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)
	(g 4,7

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The date of each amendment(s) adoption:	, if other than the
date this document was signed. May 22, 2019 Effective date if applicable:	
tno more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of diraction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by	
(voting group)	
Signature (By a director, president or other officer – if director, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
S. MARSHALL MAR	RTIN
(Typed or printed name of per	rson signing)
ASSTS	
(Title of person signing)	