## P17000051077

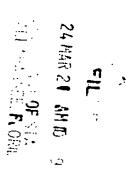
(Requ	uestor's Name)	
nbbA)	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ıment Number)	
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Special Instructions to Fil	ling Officer:	
	J. H	ORNE
	MAR 2	2 8 2024
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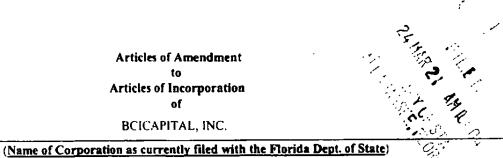
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BCICAPITAL, IN	IC.	<del></del>		
DOCUMENT NUM	BER: P17000051077				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARIO CARBALLO				
	Name of Contact Person				
	CITY NATIONAL BANK O	F FLORIDA			
	Firm/ Company				
	100 SE 2ND STREET, 19TH	•			
		Address			
	MIAMI, FLORIDA 33131				
		City/ State and Zip Code			
	LEGALDEPARTMENT@C	TYNATIONAL.COM			
	_	sed for future annual report	notification)		
	on concerning this matter, pleas		476-5333		
MARIO CARBALLO		at (305	de & Daytime Telephone Number		
Name	of Contact Person	Area Co	ne & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 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, FL 32314		Amend Division The C	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





(Document Number of Corporation (if known)

ent(s) to

P17000051077

Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendme	
A. If amending name, enter the new na	ne of the corporation:			
			The new	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp.," name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CITY NATIONAL BAI	NK	
		100 SE 2ND STREET, 19TH FLOOR		
		MIAMI, FL 33131		
		CITY NATIONAL BANK		
		100 SE 2ND STREET, 19TH FLOOR		
		MIAMI, FL 33131		
D. If amending the registered agent and new registered agent and/or the new	i/or registered office ad registered office addre	ldress in Florida, enter the 1	name of the	
	MARIO CARBALLO			
	100 SE 2ND STREET, I	16TH FLOOR		
	(Florida	street address)		
New Registered Office Address:	MIAMI		Florida	
New Registered Office Address.		(Cin)	(Zip Code)	
New Registered Agent's Signature, if cl	nanging Registered Age			
New Registered Agent's Signature, it of I hereby accept the appointment as regist	fred agent. Four jamina	g la		
	Signature of New	Registered Agent, if changing	ıg	
Check if applicable	(	1.4.) F.C		

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> <u>John</u>	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DGM	JORGE GONZALEZ	100 SE 2ND STREET, 19TH FLO
X Add		<del></del>	MIAMI, FL 33131
Remove	DGM	JOHN PARADISI	100 SE 2ND STREET, 19TH FLO
2) Change X Add		JOHNTAKADISI	MIAMI, FL 33131
Remove 3) Change	GMS	MARIO CARBALLO	100 SE 2ND STREET, 19TH FLO
X Add	<del> </del>	-	MIAMI, FL 33131
Remove	GMAS	MCHENRY KANE	100 SE 2ND STREET, 19TH FLO
4) Change X Add			MIAMI, FL 33131
Remove	DGM	DIEGO YARUR	100 SE 2ND STREET. 19TH FLO
5) Change X Add			MIAMI, FL 33131
Remove	Р	TOM CIRA	<del>-</del>
6) Change	1	TOM CIKA	
X Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)							
REMOVE:	Т	JOSEPH SERIO					
REMOVE:	VP	TRICIA MURRAY					•
REMOVE:	S	MICHAEL POWERS				-	
			<u>.</u>				
·-·							<u>.</u>
						<u></u>	
				_			
provisio	ons fo	ent provides for an exchering the ame of the ame of the limits of the li	iange, reclassific ndment if not co	ation, or cand	ellation of issu amendment i	<u>ied shares,</u> itself:	
				<u> </u>			
						-	
		·			<del></del>		
		<u>,                                      </u>		· · · · · · · · · · · · · · · · · · ·			
		<u></u> _					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mor	e than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the document's effective date on the Department of State's re-	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>
☐ The amendment(s) was/were adopted by the incorpora action was not required.	tors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
bv	. <del>"</del>
by	)
Dated 18 March 2	024
Signature	line
(By a director, president or of	ther officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court
	MCHENRY KANE
(Typed or	printed name of person signing)
	ASSISTANT SECRETARY
(Title of p	erson signing)