2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 15, 2023
Secretary of State
4000097956CC

DOCUMENT# F17000004112

Entity Name: AMERANT INVESTMENTS, INC

Current Principal Place of Business:

C/O AMERANT BANK LEGAL DEPARTMENT
220 ALHAMBRA CIRCLE
CORAL GABLES , FL 33134

Current Mailing Address:

C/O AMERANT BANK LEGAL DEPARTMENT
220 ALHAMBRA CIRCLE
CORAL GABLES , FL 33134 US

FEI Number: 65-1126480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

S. MARSHALL MARTIN
220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	CAPRILES, ALBERTO	Name	IAFIGLIOLA, CARLOS
Address	220 ALHAMBRA CIRCLE 12TH FLOOR	Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	OFFICER	Title	DIRECTOR
Name	GUERRERO, SERGIO	Name	GARGANTA, ANDY
Address	220 ALHAMBRA CIRCLE, 12TH FLOOR	Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	LEVINE, HOWARD	Name	CALDERON, SHARYMAR
Address	220 ALHAMBRA CIRCLE 12TH FLOOR	Address	220 ALHAMBRA CIRCLE, 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	SECRETARY	Title	ASST. SECRETARY
Name	PENA, JULIO	Name	MARTIN, S. MARSHALL
Address	220 ALHAMBRA CIRCLE, 12TH FLOOR	Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PENA , JULIO

SECRETARY BY: MARJA SOUZA, ATTORNEY-IN-FACT

11/15/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	CHICA, MANUEL
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134