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(Ac	ddress)	·-
(Ac	idress)	
(Cit	ty/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consideration of the same of t		·
Special Instructions to I	Filing Officer:	
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Office Use Only



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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PI	CK UP:	7/29 DANN	ΙΥ		
XX	CERTIFIED COPY PHOTOCOPY				·	
1-1-	cus					
XX	FILING	LLC	AMEND			
1.	POLLACK OPPORT	UNITY ZO	NE, LLC			
	(CORPORATE NAME AND DO	CUMENT #)		-		_
2.	(CORPORATE NAME AND DO	CUMENT #)		•		
3.						
	(CORPORATE NAME AND DO	CUMENT #)				
4.	(CORPORATE NAME AND DO	CUMENT #)				
5.					•	
	(CORPORATE NAME AND DOO	CUMENT #)				
5.	(CORPORATE NAME AND DOO	CUMENT #)				
SPECIA INSTRU	L CTIONS:	_				
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co.	rporations		
SUBJECT:	Pollack Op	pportunity Zone, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
771				
The enclosed	f Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		THOMAS W FORSTER		
			Name of Person	.
		VARNUM LLP		
			Firm/Company	
		999 VANDERBILT BEA	CH RD STE 210	
			Address	
		NAPLES, FL 34108		
			City/State and Zip Code	
		TWFORSTER@VARNUM		
For further in	ıformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	ification)
THOMAS W			239 241-7380	
		f Person	at () _	ne Telephone Number
			·	,
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addressistration S		Street Address: Registration Se	ection
_		orporations	Division of Co	rnorations
	. Box 632		The Centre of I	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pollack Opportunity Zone, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	· ·
The Articles of Organization for this Limited Liability Compan	y were filed on 07/26/2021	and assigned
florida document number L21000338269		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
Pollak Opportunity Zone, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		2021 JUL
Principal office address MUST BE A STREET ADDRESS)		: = 11
		20
		-0 17
nter new mailing address, if applicable:		# D
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the n	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Ziv Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			Change
			
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Change

If amending any other inform	ation, enter change(s) her	e: (Attach additional she	ets. if necessary.)
			
-	-		
	<u> </u>	- -	
	 		
			
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			1
Effective date, if other than the If an effective date is fisted, the date mu Note: If the date inserted in this b document's effective date on the If	st be specific and cannot be prior to ock does not meet the applica-	o date of filing or more than 90 able statutory filing requiren	(optional) days after tiling.) Pursuant to 605.020 nents. this date will not be listed a
e record specifies a delayed effective is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the carl	ier of: (b) The 90th day after the
Dated	2021	<u> </u>	
Then a Face			
	Signature of a member or author	ized representative of a member	er
THOMAS W FORSTE	t		
-	Typed or printed	I name of signee	

Ţ

Filing Fee: \$25.00