

121000521737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

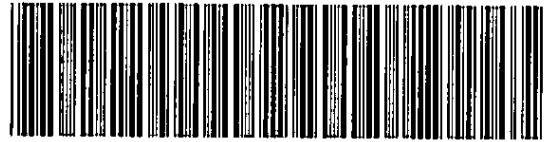
(Business Entity Name)

(Document Number)

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2022 JUN 21 AM 11:38

*ef 9/11/22*



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2022 JUN 21 AM 11:38

923 NE 7th Street LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/10/2021 and assigned Florida document number L21000521737.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

69 S Cortez Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Margate FL 33068

Enter new mailing address, if applicable:

69 S Cortez Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Margate FL 33068

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Benjamin Montak

New Registered Office Address:

69 S Cortez Drive

*Enter Florida street address*

Margate

Florida 33068

*City*

*Zip 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>                  | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|------------------------------|-----------------------------|--|
| MGR          | 1031 Reverse Exchange Co LLC | 1520 Royal Palm Sq Blvd 320 | <input type="checkbox"/> Add               |
|              |                              | Ft Myers FL 33919           | <input checked="" type="checkbox"/> Remove |
|              |                              |                             | <input type="checkbox"/> Change            |
| MGR          | Benjamin Montak              | 69 S Cortez Drive           | <input checked="" type="checkbox"/> Add    |
|              |                              | Margate FL 33068            | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |
|              |                              |                             | <input type="checkbox"/> Add               |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |
|              |                              |                             | <input type="checkbox"/> Add               |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |
|              |                              |                             | <input type="checkbox"/> Add               |
|              |                              |                             | <input type="checkbox"/> Remove            |
|              |                              |                             | <input type="checkbox"/> Change            |

