

123000433357

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(Address)

(City/State/Zip/Phone #)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1501 Middle Gulf Dr LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Harpaz  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
6 Ayr Court  
\_\_\_\_\_  
Address  
  
Suffern NY 10901  
\_\_\_\_\_  
City/State and Zip Code  
  
harpaz@harpazconsulting.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Harpaz 914 263-2583  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1501 Middle Gulf Dr 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 9/28/2023 and assigned Florida document number 1,23000433357.

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:

6 Ayr Court

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

Suffern NY 10901

Enter new mailing address, if applicable:

6 Ayr Court

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

Suffern NY 10901

**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: Daniel Harpaz

New Registered Office Address: 1501 Middle Gulf Dr J108

*Enter Florida street address*

Sanibel

*City*

Florida

33957

*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 the 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.*

OS  
DA

**If Changing Registered Agent, Signature of New Registered Agent**

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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 | 15671 San Carlos Blvd 101 | <input type="checkbox"/> Add               |
|              |                              | Ft Myers FL 33908         | <input checked="" type="checkbox"/> Remove |
|              |                              |                           | <input type="checkbox"/> Change            |
| MGR          | 32 Center Street LLC         | 6 Ayr Court               | <input checked="" type="checkbox"/> Add    |
|              |                              | Suffern NY 10901          | <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            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 3/5/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 5 2024

DocuSigned by: Theresa Knower

OF 11 / 005C092400

Signature of a member or authorized representative of a member

Theresa Knower, Manager of 1031 Reverse Exchange Company LLC

Typed or printed name of signee

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