

3/26/24, 5:33 PM

Division of Corporations

**L16000165456**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001136863)))



H240001136863ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

2024 MAR 27 AM 11:34

FILED

RECEIVED

2024 MAR 27 AM 8:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLCAMND/RESTATE/CORRECT OR M/MG RESIGN  
MIDLAND 1031, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

M. SOLOMON

MAR 27 2024

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midland 1031, 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 September 2, 2016 and assigned Florida document number 1.16000165456.

This amendment is submitted to amend the following:

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

Equity 1031 Exchange, LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent**

**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	MIDLAND IRA, INC.	15671 San Carlos Blvd	<input type="checkbox"/> Add
		Ste. 101	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
AMBR	MIDLAND IRA, INC.	15671 San Carlos Blvd	<input type="checkbox"/> Add
		Ste. 101	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
AMBR	Midland IRA LLC	15671 San Carlos Blvd	<input checked="" type="checkbox"/> Add
		Ste. 101	<input type="checkbox"/> Remove
		Fort Myers, FL 33908	<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

2024 MAR 27 AM 11:34

FILED

Page 2 of 3

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

2024年4月27日 星期五 11:34

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 26, 2024

Elizabete Jordanik

Signature of a member or authorized representative of a member

Elizabeth Jerdonek, Authorized Representative

Typed or printed name of signee