

M23000013111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

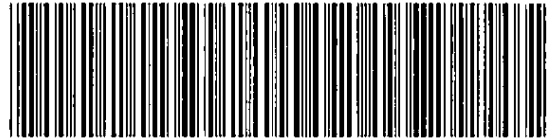
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 NOV -9 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2023 NOV -9 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 11/09/23  
Order #: 1308875-4  
Re: ExchangeRight All-Cash 2 Master Lessee, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the text of the enclosed documents.

Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ExchangeRight All-Cash 2 Master Lessee, LLC

Enter new principal office address, if applicable: 1055 E. Colorado Blvd. Ste. 310

(Principal office address  
MUST BE A STREET ADDRESS) Pasadena, CA 91106

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M23000013111

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 11, 2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: ExchangeRight Net-Leased All-Cash 2 Master Lessee, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David Fisher  
Signature of the authorized representative

David Fisher

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EXCHANGERIGHT ALL-CASH 2 MASTER LESSEE, LLC", CHANGING ITS NAME FROM "EXCHANGERIGHT ALL-CASH 2 MASTER LESSEE, LLC" TO "EXCHANGERIGHT NET-LEASED ALL-CASH 2 MASTER LESSEE, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2023, AT 2:45 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

7652667 8100  
SR# 20233870196


Authentication: 204540841  
Date: 11-07-23

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: ExchangeRight All-Cash 2 Master Lessee, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

We would like to change the name from ExchangeRight All-Cash 2 Master Lessee, LLC to ExchangeRight Net-Leased All-Cash 2 Master Lessee, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1 day of November, A.D. 2023.

By:   
Authorized Person(s)

Name: Warren Thomas  
Print or Type