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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A3 ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone : (305)448-9584

Fax Number : (305)448-9569

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAINESVILLE 2013 LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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S. PRATHER

COVER LETTER

| TO: Re Di | egistration S vision of Co | Section reporations | | | |
|---|-------------------------------|---------------------------------|---|---|--|
| SUBJECT: | GAINESV | /ILLE 2013 LLC | | | |
| Name of Limited Liability Company | | | | | |
| The enclose | d Articles o | f Amendment and fee(s) are su | bmitted for filing | | |
| | | ondence concerning this matte | | | |
| | | MIRIAM R GARCIA | | | |
| | | ···· | Name of Person | | |
| | | GAINESVILLE 2013 LL | c | | |
| | | | Firm/Company | | |
| | | 213 NW 29 STREET | | | |
| | | | Address | | |
| | | GAINESVILLE, FL 3260 | 7 | | |
| | | | City/State and Zip Code | ···· | |
| | | E-mail address: | to be used for future annual report no | Nufrestian) | |
| For further in | nformation c | oncerning this matter, please o | | Arricanon) | |
| MIRIAM R | GARCIA | | 305 448-9584 | | |
| | Name o | f Person | Area Code Daysi | me Telephone Number | |
| Enclosed is a | i check for th | ne following amount: | | | |
| ■ \$25.00 F | | ☐ \$30.00 Filing Fee & | O \$55.00 William France | F 6/0 00 F: V F | |
| _ •=••••••••••••••••••••••••••••••••••• | | 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) | |
| | | | | | |
| | ling Addres gistration S | | Street Address: | , | |
| - | - | orporations | Registration Section Division of Corporations | | |
| | Box 632 | | The Centre of | | |
| Tal. | lahassee, F | FL 32314 | | pe Street, Suite 810 | |
| | | | Tallahassee F | | |

| ARTICLES OF | AMENDMENT | | |
|---|---------------------------------------|---|---------|
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| ARTICLES OF C | الدر 1921 | | |
| 0 | F | 新 | r) |
| GAINESVILLE 2013 I.LC | | 2021 NOV -4 Scual Fary Allahasse | = |
| | ny as it now appears on our record | <u></u> | TI D |
| (Name of the Limited Liability Compa (A Florida Limited I | lability Company) | FLS 7 | _ |
| The Articles of Organization for this Limited Liability Company | ware filed on 08/05/2020 | F STATES TATES TO THE STATE ASSIGNMENT OF THE STATES ASSIGNMENT OF THE | |
| Florida document number 1.20000234948 | were med on | and assigned | |
| · | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| GAINESVILLE 213 LLC. | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | tv Company," the designation "LI C" | or the approviation "L. I. C." | |
| | | or ore address and a second | |
| 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 at | ddress on our records, <u>enter t</u> | he name of the new register | red |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | . Flor | rida | |
| | 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 |

| Title | <u>Name</u> | Address | Type of Action |
|---------------|-------------|---------|----------------|
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| | ner than the date of filing the date must be specific and the date must be specific and the does not date on the Department of | meet me aboneable | te of filing or more than statutory filing requi | (optional) 190 days after filing.) rements, this date v | Pursuant to 605 will not be list | 5.0207 (. ed as tì | 3)(b) ie |
| document s effective (| | | | andian of the Ti | Out day afo | r the | |
| | layed effective date, but no | ot an effective time, a | at 12:01 a.m. on the | carner or: (b) ne | MATALI | 2021 NOV -4 PM 2: 02 | |

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