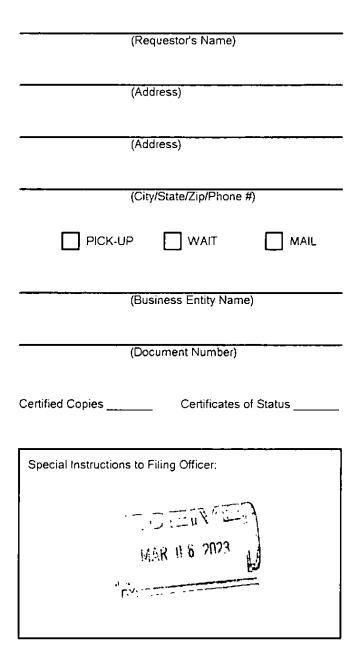
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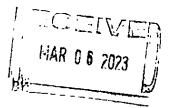


Office Use Only

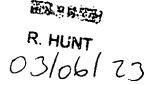


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COVER LETTER

TO: Registration So Division of Co			
	NESVILLE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GINAMARIE SPENCER		
			
	MENDELSOHN OSERA	N & SPENCER, PLC	
Firm/Company			
	2525 E. BROADWAY BI	.VD. STE. 201	
		Address	-
	TUCSON, AZ 85716		
	LWILSON@MOSLAWYI		5 PM 3: 00
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	all:	
GINAMARIE SPENCE	R	520 325-7500	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 631	27	The Centre of T	allahassee
Tallahassee.	£1, 52514	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERM GAINESVILLE LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability C	and assigned		
Florida document number L23000082174	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ited liability company	here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	ne designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		. 3
	-		
			一角 よご
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			mo d
			FATT OO
			1.1
B. If amending the registered agent and/or registered	d office address on ou	r records, <u>enter the n</u>	ame of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		<u></u>	
	Enter l	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>	Name	Address	Type of Action
MGR	GEORGE L. MALIN	60 CUTTER MILL ROAD	□Ađd
		GREAT NECK, NY 11021	□Remove
			■ Change
			□Add
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the specifi	to date of filing or more than 90 da able statutory filing requiremen	(optional) sys after filing.) Pursuant to 60 nts, this date will not be lis)5.020 sted as
record specifies a delayed effective date, but not an effective tild is filed.	me, at 12:01 a.m. on the earlie	r of: (b) The 90th day aft	er the
pated FEBRUARY 27 2023			
Signature of a member or autho	rized representative of a member		
GEORGE L. MALIN			

Filing Fee: \$25.00