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Division of Corporations

Fax Number

: (850)617-6383

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

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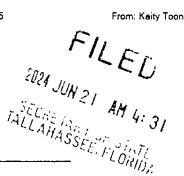
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K. SALY

JUN 2 4 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



21	1	OF	TALLOSE IS AM 4:
			TALLAHASSEE FLORID
	NRP FL GP LLC		
		(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	ur records.)
;	144		
The A	Articles of Organization f	or this Limited Liability Company were filed on $\frac{7-27-202}{2}$	and assigned
Floric	la document number L23	i000359966	
This a	amendment is submitted	to amend the following:	
Ä. If	amending name, enter	the new name of the limited liability company here:	
The ne	w name must be distinguishal	ble and contain the words "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter	r new principal offices a	ddress, if applicable:	
(Prin	cipal office address MUS	ST BE A STREET ADDRESS)	
Ente	r new mailing address, i	f applicable:	
(Mail	ling address MAY BE A	POST OFFICE BOX)	
	••		
		d agent and/or registered office address on our records red office address here:	s, enter the name of the new registered
	Name of New Regist	ered Agent:	
	New Registered Office	ce Address:	
		Enter Florida stre	et 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

Title		Name	Address	Type of Action
MGR	_	Noam Magence	1228 Euclid Avenue, 4th Floor Cleveland. Ohio 441	
				🖪 Remove
				□Change
MGR	_	Noam Magence	1228 Euclid Avenue, 4th Floor Cleveland, Ohio 441	
				Remove
	•			□Change
-MGR	_	George Currall	1228 Euclid Avenue, 4th Floor Cleveland, Ohio 441	
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