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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.

| Cm-11 | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEECO PRESERVE MANAGER LLC

| Certificate of Status | 0 |
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| * | • | · · · · · · · · · · · · · · · · · · · |
|--|--|---------------------------------------|
| Leeco Preserve Manager LLC | | |
| (Name of the Limited Liabit (A Florid | lity Company as it now appears on our records.) a Limited Liability Company) | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| The Articles of Organization for this Limited Liability (| Company were filed on 6/4/2024 | andassigned |
| Plorida document number L24000246467 | · | |
| Fhis amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LLC" of | or the ubbreviation "L.L.C." |
| e de la companya de l | | |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <i>P</i> |
| a = a + a + b + a + b + a + b + b + b + b + | | • ; |
| $t_{\alpha} = t_{\alpha} + t_{\alpha}$ | | |
| B. If amending the registered agent and/or registere | ed office address on our records, enter th | ne name of the new registered |
| agent and/or the new registered office address here: | | 00 |
| | | <u>≥</u> |
| Name of New Registered Agent: | | |
| runne of frew registered rigent. | | 45 - |
| New Registered Office Address: | P. 17 - 17 - 17 - 17 | |
| | Enter Florida street address | 6 |
| | Flor | |
| | 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 | | NRP FL GP LLC | 1228 Euclid Avenue, 4th Floor Cleveland, Ohio 441 | |
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| AMBR | | Noam Magence | 1228 Euclid Avenue, 4th Floor Cleveland. Ohio 441 | 5 □Add |
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| AMBR | | George Currall | 1228 Euclid Avenue, 4th Floor Cleveland. Ohio 441 | i5 □Add |
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| -AMBR | | J. David Heller | 1228 Euclid Avenue, 4th Floor Cleveland, Ohio 441 | 5 □ Add |
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| Note: | ive date, if other the ective date is listed, the If the date inserted ent's effective date | in this block does | not meet the app | olicable statutory | r filing requireme | ents, this date wil | suant to 605,0207 (3)(b) not be listed as the |
| If the recon record is fil | d specifies a delayer led | l effective date, bu | ut not an effectiv | e time, at 12:01 | a,m on the earlie | er of: (h) - The 明 | th day after the |
| Dated _. | June 17 | _ | 2024 | | | | |
| | | (W) and | Helen | | | | |
| | | Signature | e of a member or a | uthorized represer | stative of a member | r | |
| | | | | | | | |