

L10000099543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

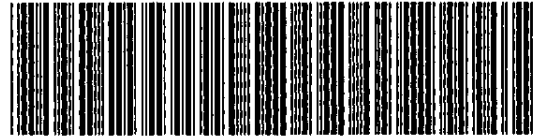
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
FALLASSIST.FLORIDA

2010 DEC 13 PM 3:36

FILED

C. LEWIS

DEC 14 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HTG Veranda Senior GP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Rieger
Name of Person
HTG Veranda Senior GP, LLC
Firm/Company
3225 Aviation Ave, Suite 602
Address
Miami, FL 33133
City/State and Zip Code
adamf@htgf.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Freeman at (**305**) **537-2124**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 DEC 13 PM 8:36

HTG Veranda Senior GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/20/2010 and assigned Florida document number L10000099543.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

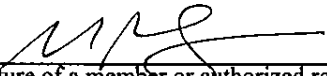
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Randy Rieger	3225 Aviation Ave, Suite 602 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VPS	Matthew Rieger	3225 Aviation Ave, Suite 602 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VPT	Adi Adair	3225 Aviation Ave, Suite 602 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Shawn Wilson	3225 Aviation Ave, Suite 602 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 2010 DEC 13 PM 9:35
 TALLAHASSEE, FLORIDA

Dated December 07, 2010



 Signature of a member or authorized representative of a member

Matthew Rieger

 Typed or printed name of signee