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10/19/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000257498 3)))



H160002574983ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HTG AFFORDABLE, LLC  
Account Number : I20150000094  
Phone : (305)860-8188  
Fax Number : (305)856-1475

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

Email Address: glendab@htgf.com

RECEIVED

2017 OCT 19 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
AMC HTG 2, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

16 OCT 19 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu OCT 20 2016 Help

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMC HTG 2, LTD.  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

MATTHEW RIEGER

Contact Person

MATTHEW RIEGER, P.A

Firm/Company

3225 AVIATION AVENUE, STE 602

Address

MIAMI, FL 33133

City, State and Zip Code

glendab@htgf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenda Brown

Name of Contact Person

at ( 786 )

347-4542

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee  
and Certificate of      and Certified Copy  
Status      Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**AMC HTG 2, LTD.**

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 12, 2008, assigned Florida document number A08000001026, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

New name must be distinguishable and contain an acceptable suffix.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P.P., or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be *STREET* address)

New Mailing Address:

(May be *post office box*)

**C. 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.*

If Changing Registered Agent, Signature of New Registered Agent

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
G	AMC HTG 2 GP, LLC	3225 Aviation Avenue Suite 602 Coconut Grove, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



Allen Furst, Secretary of MGRM of

AM Housing 2 GP, LLC

**Signature(s) of all new or dissociating general partner(s), if any:**



Matthew Rieger, Manager of

AMC HTG 2 GP, LLC

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16 OCT 19 AM 10:27  
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

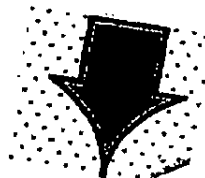


October 19, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMC HTG 2, LTD.  
3225 AVIATION AVE.  
602  
COCONUT GROVE, FL 33133US

SUBJECT: AMC HTG 2, LTD.  
REF: A08000001026



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H16000257498  
Letter Number: 116A00022448