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.

(((H19000323526 3)))



H190003235263ABC+

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 UNITED, LLC Account Number : 120190000094

Phone :

: (305)860-8188

Fax Number

: (305)639-8427

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

Email Address:

glandab@htgf.com

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

MOUNT HERMON HOUSING, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

T. LEMERALE

8182 S O AON

FILED

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP SINOV - P A D 38 OF

Mount Hermon Housing, Ltd.	TALEANASSEE HUNIE
Insert name currently on fi	le with Florida Department of State
limited liability limited partnership, whose certifications and the control of th	lorida Statutes, this Florida limited partnership or icate was filed with the Florida Department of State on orida document number A19000000448
adopts the following certificate of amendment to	
This amendment is submitted to amend the following:	
A. If smeading name, enter the new pame of the l here:	limited partnership or limited liability limited partnership
New name must be distinguish	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes:	
B. If amending mailing address and/or principal office address here:	pal office address, <u>enter new mailing address and/or</u>
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registened office new registered agent and/or the new registered office	ered office address on our records, enter the name of the so address bere:
Name of New Registered Agent	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	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 the color Decision I have been a second of the color o	
If Changing Registered Agent, Signature of New Registered Ager	nt .

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

<u>Title</u>	Name	Address	Type of Action
GP	Mount Hermon African Methodist Episcopal Church, Inc. (#700534)	401 NW 7th Terrace Fort Lauderdale, FL 33311	_ □ Add □ Romove
<u>GP</u>	Transformative Community Foundation, Inc. (Doc. # N19000000119)	333 SE 2nd Ave, Suite 4400 Miami, FL 33131	Add Remove
			☐ Add ☐ Remove
			O Add O Remove
			□ Add □ Remove
<del></del>			□ Add □ 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.)

ffective date, if other than the date of filing:	
Tective date cannot be prior to nor more than 90 days at late.)	fler the date this document is filed by the Florida Department of
lote: If the date inserted in this block does not meet the an	pplicable statutory filing requirements, this date will not
e listed as the document's effective date on the Departmen	nt of State's records.
ignature(s) of a general partner or all genera	d partners*:
<del></del>	sign this document unless the limited partnership is adding or
moving a "limited liability limited partnership" election a hen adding or removing a "limited liability limited partne	statement. Chapter 620 F.S. (requires all concert contract to almost
A = A = A = A = A = A = A = A = A = A =	erenp election statement.)
Hen E. An- 9	Perman T Ad H.
	RESTOENT, Mt Hermon 1 Methodist Ep
·	
ignature(s) of all new or dissociating general ;	partner(s), if any:
21 C I a	Parameter
Wen ( . Then )	PRESIDENT Mt. Hermon + Merhodist Epis
1	Methodist Epis
1	
	New General Partner
iling Fee: \$52.50	
ertified Copy (optional): \$52.50	
ertificate of Status (optional): \$8.75	