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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 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 1	Address:		
	MUUI E33.		

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION HTG SHORELINE, LTD.

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## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

HTG Shoreline, Ltd.	
Insert name currently on f	file with Florida Department of State
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number A19000000482 o its certificate of limited partnership.
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the here:	limited partnership or limited liability limited partnership
New name must be distinguis	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or princi principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office hox)	
C. If amending the registered agent and/or register registered agent and/or the new registered office ad	red office address on our records, <u>enter the name of the new</u> <u>ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Fiorida
	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my po	the proper and complete performance of my duties, and I
	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:

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	AM AFFORDABLE HOUSING, INC. Doc #: N08000011474	3109 Grand Ave., PMB 447 Coconut Grove, FL 33133	_ 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.)

F. If amending any other infor	rmation, en	iter change(s)	here: (Attach additional sheets, if necessary.)
		<del></del>	
		<del></del>	
State.)	re than 90 de	ays after the da	te this document is filed by the Florida Department of
be listed as the document's effective date	on the Depa	artment of State	's records.
Signature(s) of a general partner	r or all ge	neral partne	ers*:
(*NOTE: Only one current general partremoving a "limited liability limited partr when adding or removing a "limited liabi	nership" elec	ction statement.	ocument unless the limited partnership is adding or . Chapter 620, F.S., requires all general partners to signection statement.)
all Just			
no no			
Signature(s) of all new or dissoc	iating gen	eral partnei	(s), if any:
	<del></del>		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		