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(((H250002400843)))



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To:

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 Address: glendab@htgf.com

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

Certificate of Status	0
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FILED

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

2025 JUL -9 AM 11: 27

HTG Shoreline, Ltd.		SENCETARY OF STATE
Insert name currently on f.	ite with Florida Depart	nem of State (All AHASSEE, FLOOR)
Pursuant to the provisions of section 620.1202, I imited liability limited partnership, whose certif 10/23/2019 assigned Florian and the control of the cont	icate was med with	nber A19000000482
adopts the following certificate of amendment to	its certificate of its	muea partnersnip.
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 nune must be distingui	shable and contain an a	eceptuble suffix.
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes	· Cimilea isaminy ism	at the transfer and the second
B. If amending mailing address and/or princ principal office address here:	cipal office addres	s, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or regist registered agent and/or the new registered office	ered office address c address here:	n our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F1	orida street address
		, Plorida
***************************************	City	Ztp 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 camply with the provisions of all statutes relative to the proper and complete performance of my duties, and	I
comply with the provisions of any position as registered agent.	

itle	Name	Address	Type of Action
SP	HTG Shoreline, U.C	3225 Aviation Ave. 6th Ploor Coconut Grove, FL 33133	☐ Add ■ Remove
			□ Add □ Remove
···			D Add C Remove
-			
	ed partnership or limited liab		<u></u>

Certificate of Status (optional): \$8.75

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