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.

(((H210003765193)))



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 : I20190000094

Phone

: (305)860-8188

Fax Number

: (305)639-8427

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

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION HTG LAKE TOWER I, LTD

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

OCT 13 2021

S. PRATHER

| CERTIFIC  | CATE OF AMENDA<br>TO        | <b>TENT</b>                           | SECRE          | 2021 OCT 12 |        |
|---|-----------------------------|---------------------------------------|----------------|-------------|--------|
| CERTIFICATE   | OF LIMITED PAR              | TNERSHIP                              | ASS            | 글 :         | <br>   |
|   | OF                          |                                       | SEE N          |             | ህ<br>L |
| HTG Lake Tower I, LTD   |                             |                                       |                | P           | C      |
| Insert name currently   | on file with Florida Depa   | artment of State                      | STATE          | <del></del> |        |
| Pursuant to the provisions of section 620,120 limited liability limited partnership, whose c 10/07/2020 assigne |                             | ith the Florida Department            |                |             |        |
| adopts the following certificate of amendme   |                             |                                       |                |             |        |
| This amendment is submitted to amend the follow   | ving:                       |                                       |                |             |        |
| A. If amending name, enter the new name of here:  | the limited partnershi      | ip or limited liability limites       | i partners     | htp         |        |
| New name must be disti  | nguishable and contain an   | acceptable suffix.                    |                | <b></b>     |        |
| Acceptable Limited Partnership suffixes: Limited Par<br>Acceptable Limited Liability Limited Partnership suff   | ixes: Limited Liability Lin | nited Partnership, L.L.L.P. or L      |                |             |        |
| B. If amending mailing address and/or properties of the principal office address here:                          | rincipal office addre       | ss, <u>enter new mailing add</u>      | ress and/      | <u>or</u>   |        |
| New Principal Office Address (Must be STREET address)   | <u> </u>                    |                                       | _ <del>_</del> |             |        |
| New Mailing Address; (May be post office box)   |                             |                                       | <del></del>    |             |        |
| C. If amending the registered agent and/or reg<br>registered agent and/or the new registered office             |                             | on our records, <u>enter the na</u> r | me of the n    | <u>ew</u>   |        |
| Name of New Registered Agent:   |                             | <u> </u>                              |                |             |        |
| New Registered Office Address:  |                             |                                       |                |             |        |
|   | Enter Flo                   | orida 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.

| f amending the general partner(s), <u>enter the name and business address of each general partne</u> |                             |  |                         |  |  |  |
|--|-----------------------------|--|-------------------------|--|--|--|
| <u>itle</u>  | Name                        | Address  | Type of Action          |  |  |  |
| iP   | HTG Lake Tower I, LLC       | 3225 Aviation Avenue, 6th Floor<br>Coconut Grove, FL 33133 | _                       |  |  |  |
| <u>P</u>   | AM Affordable Housing, Inc. | 3109 Grand Ave, PMB 447<br>Coconut Grove, FL 33133         | _                       |  |  |  |
|  |                             |  | Add Remove              |  |  |  |
|  |                             |  | _                       |  |  |  |
| <del></del>  |                             |  | _ Cl Add<br>_ Cl Remove |  |  |  |
|  |                             |  | _                       |  |  |  |

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

| F. If amending any other infor   | mation, enter cl                      | nangele) here: //e                           | ach additional should                 | Managam.                               |
|--|---------------------------------------|--|---------------------------------------|--|
|  |                                       | ange(a) nere. (A)                            | acn aaantenat sneets,                 | , ij necessary.)                       |
|  | · · · · · · · · · · · · · · · · · · · | ***************************************      |                                       |  |
|  |                                       | · · · · · · · · · · · · · · · · · · ·        | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |
|  | <del></del>                           | <u></u>                                      |                                       |  |
| <del></del>  |                                       | <del></del>                                  |                                       |  |
| Effective date, if other than the date   | e of filing:                          | <del></del> .                                |                                       | ······································ |
| Effective date, if other than the date<br>(Effective date cannot be prior to nor more<br>State.) | e than 90 days afte                   | r the date this docum                        | sent is filed by the Flori            | da Department of                       |
| Note: If the date inserted in this block does  | s not meet the appl                   | icable statutory filin                       | g requirements, this dat              | e will not                             |
| be listed as the document's effective date of  | in the Department                     | of State's records.                          |                                       |  |
|  |                                       |  | ·                                     |  |
| Signature(s) of a general partner  | of all general i                      | Partners*:                                   |                                       |  |
| NOTE: Only one current general partne  | r is required to sig                  | n this document unle                         | as the limited partnersh              | ip is adding or                        |
| removing a "limited liability limited partne<br>when adding or removing a "limited liabili       | ramp" election states                 | tement. Chapter 620<br>hip" election stateme | , F.S., requires all gene<br>ut.)     | ral partners to sign                   |
| <b>~</b> 0   |                                       |  |                                       |  |
| <del></del>  | <del></del>                           | <del></del> _                                |                                       |  |
|  |                                       | <del></del>                                  |                                       |  |
|  |                                       |  |                                       | ,                                      |
|  |                                       | · · ·  |                                       | <del> </del>                           |
|  | <del></del>                           |  |                                       |  |
| Signature(s) of all new or dissociat   | ting general na                       | rtner(s), if any:                            |                                       |  |
| ~ Q  |                                       | /  | 100                                   |  |
|  | <del></del> -                         |  |                                       |  |
|  |                                       |  |                                       | <del></del>                            |
|  | ·                                     |  |                                       | SEC                                    |
|  |                                       |  |                                       | SEGRETALLIAHA                          |
|  | <del>,</del>                          | <del>7</del>                                 |                                       | - SS                                   |
| iling Fee: S   | 352:50                                |  |                                       | <u>m</u> ⊂                             |
| Certified Copy (optional): \$  | 52.50                                 |  |                                       | <u></u>                                |
| Certificate of Status (optional):  | \$8.75                                |  |                                       | RI TAT                                 |