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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

HOUSING TRUST GROUP, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

		MATTHEV	V RIEGER	
			Name of Person	
		MATTHEV	V RIEGER, P./	4.
			Firm/Company	
		3225 AVIATION AVENUE, STE 602		
			Address	
		MIAMI, FL	33133	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For	further information co	oncerning this matter, please ca	all:	
			at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enc	losed is a check for th	ne following amount:		
•	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSING TRUST GROUP, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on <u>05/12/2006</u>	and assi	gned
Florida document number <u>L06000052865</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the	he abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name o	of the new
registered agent and/or the new registered office address	s nere:		
Name of New Registered Agent:	·	140 140 140 140 140 140 140 140 140 140	
Name of New Registered Agent.			· .
New Registered Office Address:	Enter Florida street address		*
	Enter Florida street address , Florida City gent:	· · · · · · · · · · · · · · · · · · ·	
	, Florida	Tim Goda	Title Tr
New Registered Agent's Signature, if changing Registered A	gent.	Zip Gode .	rie Ž
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp			
accept the obligations of my position as registered agen			
being filed to merely reflect a change in the registered of	office address, I hereby confirm that the	limited liabilit	'y

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>		of Action
CFO	SARIOL, MARIO	3225 AVIATION AVENUE	ld
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		COCONUT GROVE, FL 33133	
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). If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
	•
the date this document is filed by the Florida Departs	date of receipt or filed date and cannot be more than 90 days after
Dated MAY 21st	
MATTHEW RIEC	f a member of authorized representative of a member SER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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