## #108000022744

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## **COVER LETTER**

ro:	Registration Sect Division of Corpo			
SUBJE	CT:	HTG TC DE	VELOPMENT, LLC	
		Name of Limi	ted Liability Company	
		mendment and fee(s) are sub	_	
Please 1	return all correspond	dence concerning this matter	to the following:	
		!	MATTHEW RIEGER	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			TTHEW RIEGER, P.A.	
			Firm/Company	
3225 /			VIATION AVE., SUITE 602	
			Address	
			MIAMI, FL 33133	
			City/State and Zip Code	
		E-mail address: (1	matthewr@htgf.com o be used for future annual report notifica	ution\
For fur	ther information cor	ncerning this matter, please c	•	acony
		<b>, ,</b>		,
	MATTH	IEW RIEGER	at (	608188
	Name of l	Person	Area Code & Daytime	Celephone Number
Enclose	ed is a check for the	following amount:		
<b>₽</b> \$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			STREET/COURIE Registration Section	R ADDRESS:

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG TC DEVELOPMENT, LLC

12 AUG 23 PM 1: 34

(Name of the Limited I	I ability Company as it now appear florida Limited Liability Company)	s on our records.)	Sant, FLORID,
The Articles of Organization for this Limited Lia Florida document number L080000229		03/04/2008	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation	'LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	· · ·	
	<del></del>		
Enter new mailing address, if applicable:		<b>-u</b>	
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
VP	WILSON, S	SHAWN	3225 AVIATION AVE., STE 602 COCONUT GROVE, FL 33133	Add Remove
				Add Remove
D. If ame _	nding any other in	formation, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
-				_
-				_ _
Dated	Aug 14	. 20 M		
		/	of authorized representative of a member TTHEW RIEGER	
			or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00