

LO8000113727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249728139

07/24/13--01018--015 **25.00

2

FILED
2013 JUL 24 PM 2:47
TALLAHASSEE FLORIDA
CLERK OF COURT

JUL 25 2013

D. BRUCE

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: AMC HTG 1 GP, 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:

Matthew Rieger

Name of Person

Matthew Rieger, P.A.

Firm/Company

3225 Aviation Ave, Ste. 602

Address

Coconut Grove, FL 33133

City/State and Zip Code

matthewr@htgf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodrigo Paredes

Name of Person

305 537-4704

at ()

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 JUL 24 PM 2:47

FILED

Enclosed is a check for the 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**

AMC HTG 1 GP, LLC

(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 Company were filed on 12/12/2008 and assigned Florida document number L08000113727.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

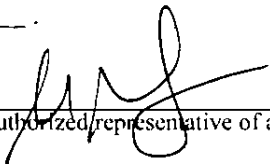
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MASSIRMAN, JAY	3250 MARY STREET, SUITE 500	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Remove
MBR	HTG KONOVER, LLC	3225 AVIATION AVE, SUITE 602	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Remove
MGR	MATTHEW RIEGER	3225 AVIATION AVE, SUITE 602	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA
 JUN 21 2 18 PM '08

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **JULY 17**, **2013**


Signature of a member or authorized representative of a member
MATTHEW RIEGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUL 24 PM 2:48
TALLAHASSEE FLORIDA