

L 080000113727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

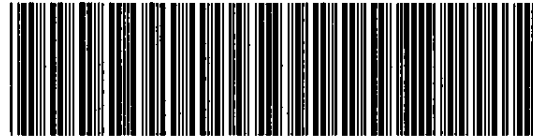
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266171000

000266171000  
11/12/14--01027--006 \*\*25.00

FILED  
2014 NOV 12 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan NOV 18 2014

## COVER LETTER

**TO: 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 AVENUE, SUITE 602**

\_\_\_\_\_  
Address

**MIAMI, FL 33133**

\_\_\_\_\_  
City/State and Zip Code

**MATTR@HTGF.COM**

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

For further information concerning this matter, please call:

**MATTHEW RIEGER**

**305 860-8188**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

FILED  
2014 NOV 12 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HTG AFFORDABLE, LLC	3225 AVIATION AVENUE, STE 602	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Remove
AP	MATTHEW RIEGER	3225 AVIATION AVENUE, STE 602	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
AP	RANDY RIEGER	3225 AVIATION AVENUE, STE 602	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

---

---

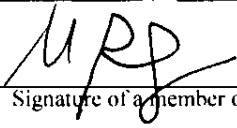
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 5, 2014



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  
2014 NOV 12 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA