## L11000081430

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## **COVER LETTER**

то:	Registration Sect Division of Corpo				
	Water Prince Me Me Me Prince Prince	-	Miami 3, LLC		
SUBJE	CT:				
		Name of Limi	ted Liability Company		
		mendment and fee(s) are sub			
Please r	eturn all correspond	dence concerning this matter	to the following:		
			Matthew Rieger		<u></u>
			Name of Person		
		N	Matthew Rieger, P.A.		<del></del>
			Firm/Company		
		3225	5 Aviation Ave., Ste. 60	2	
			Address		
			Miami, FL 33133		<del></del>
			City/State and Zip Code		
		E-mail address: (	mattr@htgf.com to be used for future annual report	notification)	<u> </u>
For furti	her information con	cerning this matter, please c	all:		
	Matth	new Rieger	at ( 305 )	537-4684	
Name of Person		Arca Code & Da	aytime Telephone N	umber	
Enclose	d is a check for the	following amount:			
<b>₹</b> 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Cer (osed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS:		STREET/CO	URIER ADDRE:	SS:	

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZAT HTG Miami 3. LLC (Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) 07/15/2011 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned L11000081630 Florida document number \_\_\_\_ 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:

	Citv	Zip Code
		, Florida
New Registered Office Address.	Enter Fl	orida street address
New Registered Office Address:		
Name of New Registered Agent:		

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 = Mai MGRM = M	nager Ianaging Member <del></del>		Annual Property agency
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Housing Trust Group, LLC	3225 Aviation Ave., Ste. 602 Coconut Grove, FL 33133	Add Remove
<u>MGRM</u>	HTG Affordable Partners, LLC	3225 Aviation Ave., Ste. 602 Coconut Grove, FL 33133	Add Remove
	<del></del>		Add Remove
			Add Remove
			AddRemove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessor	SECRETA
			LED REFORMER SEE, FLORIDA
Dated	November 21 , 20	<u>11                                   </u>	<b>&gt;</b> '''
	Signature of a member	or authorized representative of a member	
	Typed o	latthew Rieger or printed name of signee	<del></del>

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