11000124867

(Re	equestor's Name)	
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D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

HTG FORT LAUDERDALE, 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, STE 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:

Name of Person

A man 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

HTG FORT LAUDERDALE, 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 11/02/2011	and assigned	
Florida document number L11000124867	<u>.</u>		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company here:		
The new name must be distinguishable and end with the words	'Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re- registered agent and/or the new registered office ac		NOT YOU	w
Name of New Registered Agent:		Signal Control	
New Registered Office Address:		TO P IT	
	Enter Florida street address , Florida	2: 37 STATE	
	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

Address Type of Action Title Name RIEGER, RANDY 3225 AVIATION AVENUE **SUITE 602** ■ Remove COCONUT GROVE, FL 33133 3225 AVIATION AVENUE VPS RIEGER, MATTHEW SUITE 602 **■** Remove COCONUT GROVE, FL 33133 3225 AVIATION AVENUE ADAMES, ELENA SUITE 602 **■** Remove MIAMI, FL 33133 3225 AVIATION AVENUE DANGE AND AND ADDRESS SARIOL, MARIO SUITE 602 **COCONUT GROVE, FL 33133** □ Add ☐ Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	, ,
-	
-	
Dec4	
The eff the dat	tive date, if other than the date of filing:
Dated	MAY 21st 2014
	Signature of a member authorized representative of a member MATTHEW RIEGER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

