## L12000028009

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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J. BRYAN

AUG 24 2012

**EXAMINER** 

## COVER LETTER

Pine > 21-300

TO:	Registration S Division of Co				
SUBJE	CT:	HTG PAL	M BEACH II, LLC		
		Name of Limi	ted Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	to the following:		_
			MATTHEW RIEGER		TILED MILLI
			Name of Person		
		MA	TTHEW RIEGER, P.A.		w m
			Firm/Company		一旦
3225 AV		VIATION AVE., SUITE 60	02	= = =	
		<del></del>	Address		
			MIAMI, FL 33133		
			City/State and Zip Code		
		r	matthewr@htgf.com		
		E-mail address: (t	o be used for future annual report no	tification)	
For furt	her information	concerning this matter, please c	all:		
	MAT	THEW RIEGER	at ( 305 )	8608188	
	Name	of Person	Area Code & Dayt	ime Telephone Number	
Enclose	ed is a check for t	the following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	e of Status &

MAILING ADDRESS:

Y

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	PALM BEACH II, LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	02/28/2012	and assigned
Florida document number L1200002800	<u>09                                    </u>		
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of the		<u>re</u> :	18 18 23 N
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic	_	our records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street ada	iress
		, 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	WILSON, SHAWN	3225 AVIATION AVE., STE 602 COCONUT GROVE, FL 33133	Add Remove
<u>VP</u>	ADAMES, ELENA	3225 AVIATION AVE., STE 602 COCONUT GROVE, FL 33133	Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
<u></u>			Add Remove
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	y.) 
- - -			TILED MEANG 23 AMII
Dated	11/	mber or authorized representative of a member	
	•	MATTHEW RIEGER	
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00