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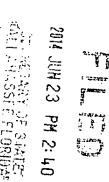
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# HTG MIAMI-DADE 5, 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)

(additional copy is enclosed)

For further information concerning this matter, please call:

Name of Person

Area Code

Daytime Telephone Number

Property Control of Person

Area Code

Daytime Telephone Number

State Code

State Code

State Code

Daytime Telephone Number

State Code

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MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy....

(additional copy-is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### HTG MIAMI-DADE 5, 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 C	Company were filed on 09/03/2013	and assi	gned
Florida document number L13000124122			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	iited liability company here:		
The new name must be distinguishable and end with the words "Li	imited 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 ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of 2014	of the new
Name of New Registered Agent:		75 2 <b>24</b> 75 2 <b>2</b> 3	y Managar amanag
New Registered Office Address:	Enter Florida street address		opromis G Tab
	Enter Florida street adaress, Florida	H 2:1	
	City	Zip Coda	

#### 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 **Title Type of Action** <u>Name</u> **Address** 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 SARIOL, MARIO VPT **SUITE 602** ■ Remove **COCONUT GROVE, FL 33133** □ Add ☐ Remove ☐ Add ☐ Remove

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Filing Fee: \$25.00

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