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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HTG UNITED, LLC Account Number : 120190000094 Phone : (305)860-8188 Fax Number : (305)639-8427

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

glendab@htgf.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMC HTG 2 DEVELOPER, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMC HTG 2 Developer, LLC				
(Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L13000126141</u>	mpany were filed on 09/06/	2013	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbrev	iation "L.L.C	. "
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	essi		1020	
			0.34	
				k
Enter new malling address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)		, ``	<u> </u>	
			- 61	
			0	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	is, <u>enter the name of</u>	the new re	<u> eistered</u>
Name of New Registered Agent:				
New Registered Office Address:	Y . T. I.			
	Enter Florida st	rees aaaress		
	City	, Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Matthew Rieger, P.A.	3225 Aviation Avenue, 6th Floor	
		Coconut Grove, FL 33133	⊠Remove
			Change
MGR	Matthew Rieger	3225 Aviation Avenue, 6th Floor	XIAdd
		Coconut Grove, FL 33133	2020 NOV
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locument's effective date on t	ne Department o	of State's record	5.				
record specifies a delayed off d is filed.	ective date, but	not an effective	time, at 12:01 s	a.m. on the carli	erof:(b) T	he 90th day	y after the
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Dated November	2	, 2020					
		110-					
	Signature o	a member of sur	horized represent	tative of a member			_
	- 3		6				
<u>_</u>		Matthew Ri	eger	,			···-

Filing Fee: \$25.00