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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

AMC HTG 3 DEVELOPER, 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:

Enclosed is a check for the following amount:

Name of Person

■ \$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:

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMC HTG 3 DEVELOPER, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

mpany were filed on 09/06/2013	and assigned
<u>.</u> .	
ed liability company here:	
ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
ESS)	
	
ered office address on our records, <u>enteress here</u> :	r the name of the new
· ·	10 m
	3
:	
City .	Zip Code
Agent:	26
i -	Erred office address on our records, enteress here: Enter Florida street address City.

If Changing Registered Agent, Signature of New 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> **Name Address** Р 3225 AVIATION AVENUE RIEGER, RANDY **SUITE 602 ■** Remove MIAMI, FL 33133 3225 AVIATION AVENUE **VPS** RIEGER, MATTHEW SUITE 602 **■** Remove MIAMI, FL 33133 3225 AVIATION AVENUE SARIOL, MARIO **SUITE 602 ■** Remove MIAMI, FL 33133 □ Add ·□ Add ☐ Add

D.	. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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	the date this	date, if other than the date date must be specific, cannot be document is filed by the Florida	Department of State)	or filed date and cannot be mor	(optional) e than 90 days after
	Dated M	AY 21st	, 2014	1 · ()	
			1		
		Sign	nature of a member or be	ithorized representative of a n	nember
		MATTHEW R			- <u>-</u>
			Typed or pr	inted name of signee	

Page 3 of 3

Filing Fee: \$25.00