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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HTG AFFORDABLE, LLC

Account Number : I20150000094

Phone Fax Number : (305)860-8188 : (305)856-1475

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

Email Address:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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HTG MESA, LLC					
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear iability Company)	s on our records	J		
The Articles of Organization for this Limited Liability Company Florida document number 114000184260	were filed on 12/	02/2014	a	ind assi;	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :			
The new name must be distinguishable and comain the words "Limited Liabili	ly Company," the do	esignation "LLC"	or the abbrevia	tion "L.L	<u>C."</u>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
• • • • • • • • • • • • • • • • • • • •			37		
(Mailing address MAY BE A POST OFFICE BOX)				<u></u> 5	
			- 1		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on	our records,	enter the		of the nev
			. har.		1
Name of New Registered Agent:			- S	<u> </u>	Programme Communication Commun
New Registered Office Address:			0	36	
Trown suggests of the property	Enter Flor	ida street address			
		, Flo	rida		
	City		Zq	o 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

HTG

Title	Name	Address	Type of Action
MGR	MATTHEW RIEGER	3225 AVIATION AVENUE	☐ Add
		SUITE 602	
		COCONUT GROVE, FL 33133	Change
P	MATTHEW RIEGER	3225 AVIATION AVENUE	
		SUITE 602	
		COCONUT GROVE, FL 33133	Remove
			(I) Change
			
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Tective date, if other than the date of filing:	to date of filing or more than 90 days a	otional) fter filing.) Purs	suant to (505.0207
ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records	able statutory tuing requirements,	this date will	not be i	isted as
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:0	1 a.m. on t	:he ea	rlier o
ated July 13 2016	=· C			
$\mathcal{U}/$	orized representative of a member			
muntal monaca a comunication	DIRECT CONTRACTOR VC OF STREETING!			

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