

L16000182525

Florida Department of State
Division of Corporations
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Account Number : I20190000094
Phone : (305)860-8188
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Email Address: glenda b@HTG.F.COM

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HTG HAMMOCK RIDGE II DEVELOPER, LLC

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K. SALY

JUN 26 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 JUN 25 AM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HTG HAMMOCK RIDGE II DEVELOPER, 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 Company were filed on 10/18/2016 and assigned
Florida document number L16000192525.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matther Rieger, P.A.	3225 Aviation Avenue	<input type="checkbox"/> Add
		6th Floor	<input checked="" type="checkbox"/> Remove
		Coconut Grove, FL 33133	<input type="checkbox"/> Change
MGR	Randy Rieger	3225 Aviation avenue	<input type="checkbox"/> Add
		6th Floor	<input checked="" type="checkbox"/> Remove
		Coconut Grove, FL 33133	<input type="checkbox"/> Change
MGR	HTG Hermosa Family Manager, LI	3225 Aviation Avenue	<input checked="" type="checkbox"/> Add
		6th Floor	<input type="checkbox"/> Remove
		Coconut Grove, FL 33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 25, 2024

[Handwritten signature]

Signature of a member or authorized representative of a member

Matthew Rieger

Typed or printed name of signee

Filing Fee: \$25.00