## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Ø

Account Name : HTG AFFORDABLE, LLC

Account Number : I20150000094 Phone : (305)860-8188 : (305)856-1475 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG LUNA, LLC

Certificate of Status	0
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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG Luna, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000201391	pany were filed on November 1, 2016	and assigned
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 ADDRES.	<u>s)</u>	
		23
Enter new mailing address, if applicable:		<u>{</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	- P - 1	
	Enter Florida street address	
<del></del> -	, Florid	a Ziv Code
nt n in the state of the state of the state of the	City	Zy/ Cone

## 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>	Name	Address	Type of Action
MGR	Matthew Rieger	3225 Aviation Avenue, Suite 602	Add
		Coconut Grove, FL 33133	■ Remove
			Change
	Randy Rieger	3225 Aviation Avenue, Suite 60:	
		Coconut Grove, FL 33133	■ Remove
			☐ Change
MGR HTG Luna Manager, LLC	3225 Aviation Avenue, Suite 602		
		Coconut Grove, FL 33133	
			□ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
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			D Add
			□ Remove
			□ Change

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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more  ote: If the date inserted in this block does not meet the applicable statutory filing r  current's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
erecord specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ared July 2, 2018.	
/ N	
Sign are of a member or authorized representative of	

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Filing Fee: \$25.00