Electronic Eding Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000184420 3)))



H190001844203ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HTG AFFORDABLE, LLC

Account Number : I20150000094 Phone : (305)860-8188

Fax Number : (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: alendab@htaf.com



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG VILLAGE VIEW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

tiedeass

JUN 17 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG Village View, LLC					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))			
- · · · · · · · · · · · · · · · · · · ·		and assigned			
Florida document number L17000252035					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited limb	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3225 Aviation Avenue, 6th floor				
(Principal office address MUST BE A STREET ADDRESS)	Coconut Grove, FL 33133				
		200			
	,	وي پ			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		= -			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Group 1 for ma street with the				
	, Flori	lda			
	Cuj	Lψ 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

Ć,

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, 6th floor Cocount Grove, FL 33133	■ Remove
	•		Change
MGR	Randy Rieger		
		3225 Aviation Avenue, 6th floor Coconut Grove, FL 33133	■ Remove
			Change
MGR	HTG Village View Manager, LLC	3225 Aviation Avenue, 6th floor Coconut Grove, FL 33133	
			Remove
			Change
			C⊓ Remove
			☐ Change
			Add
			C Remove
			Change
			Add
			Remove
		<u> </u>	Change

	· ···						
		· · ·					
							
 _	<u> </u>			<u> </u>			
				· · · · · · · · · · · · · · · · · · ·			
	_						
							
						~	
							
							
						6103	
			·			FIUI (
		· 		 _		<u></u>	
					· · ·		
·						H	
					• 1 -	: 45	
nn effective date is liste lote: If the date inser	ner than the date of filed, the date unust be specific attention this block does not date on the Department of	and cannot be prior to of meet the applicab	le statutory filing	(option of the contract of the	filing) Pursuant	to 605.02	207 (as t
: record specifies The 90th day aff	s a delayed effective ter the record is file	e date, but not d.	an effective ti	me, at 12:01 a	ı.m. on the	earlier	of:
ated							
		J.	- ·				
	Signature of	f a mehober or authori	zed representative	of a member			
	1 A	. 1 /	77				

Page 3 of 3

Filing Fee: \$25.00