

Electronic Filing 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.

(((H19000192752 3)))



H190001927523ABC3

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 : 120150000094

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.

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D SCOTT

JUN 2 1 2019

Electronic Filing Menu

Corporate Filing Menu

Help

3

ARTICLES OF AMENDMENT^P TO ARTICLES OF ORGANIZATION OF

HIG CREEKSIDE, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	hity Company as it now appears on our records.) ta Limited Liability Company)
The Articles of Organization for this Limited Liability (
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
he new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
	No.
Enter new mailing address, if applicable:	Ω. ·
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or regis egistered agent and/or the new registered office add 	stered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City 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:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW RIEGER	3225 AVIATION AVE. 6TH FLOOR	-
		COCONUT GROVE, FL 33133	D Add
			■ Remove
			☐ Change
MGR	RANDY RIEGER	3225 AVIATION AVE. 6TH FLOOR	_ ,
		COCONUT GROVE, FL 33133	
		·	
		<u> </u>	
MGR	HTG CREEKSIDE MANAGER, LLC	3225 AVIATION AVE. 6TH FLOOR	> ■Add
		COCONUT GROVE, FL 33133 DOC.NO.: L19000150702	∩ ⊃ or □ Remove
			Cbange
		<u>.</u>	
			Remove
			□ Change
	_		
			П Кеточе
			Change
			
			□ Remove
			☐ Change

	·	
	<u> </u>	

		<u> </u>
	·	
		· · ·
		ø
		
		
ective date, if other than the di- effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	ate of filing: specific and cannot be prior to date of filing or t does not meet the applicable statutory file artment of State's records.	(optional) more than 90 days after filing.) Pursuant to 60: ing requirements, this date will not be list
record specifies a delayed e he 90th day after the record	ffective date, but not an effective 1 is filed.	time, at 12:01 a.m. on the earli
June 20	2019	
ed	\wedge	
ed	mature of a meraber or pathbrized representative	

Page 3 of 3

Filing Fee: \$25.00