Florida Department of State Division of Corporations Electronic Filling Coversheet

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| ann | Division of Corporations Fax Number : (850)617-6383 Account Name : HTG UNITED, LLC Account Number : I20190000094 Phone : (305)860-8188 Fax Number : (305)639-8427 the email address for this business entual report mailings. Enter only one email Address: | tity to be used for the lail address please. | 2021 OCT 11 PH 3: 03 2021 OCT 1 | |
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OCT 1 2 2021

S. PRATHER

ARTICLES OF AMENDMENT

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| ARTICLES OF O | RGANIZATION | PILED 2021 OCT 11 AM II SECRETARY OF STALLAHASSEE, FLO |
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| | | FIL THE |
| HTG Bergson Developer, LLC | | — <u>m</u> – it |
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) | <u>_</u> 9 ≥ □ |
| (X I TOTAL DIWING 2 | | 1. S |
| The Articles of Organization for this Limited Liability Company | were filed on September 19, 2018 | and assigned |
| The Articles of Organization for this Limited Elability Company | Word Inda on | |
| Florida document number L18000223399 | | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | llity company here: | |
| 4. If amending name, enter the new mand of the | | |
| | | -tti-ti 4T t C T |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or in | e appreviation L.L.C. |
| - 1 co 11 co 12 controllo | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | <u>.</u> | . |
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| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and/or registered office | address on har records, cares one a | |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Propries street address | |
| | , Florida | 1 |
| | 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|-------------------------|----------------|
| MGR | RANDY RIEGER | 3225 AVIATION AVENUE | □Add |
| | | 6TH FLOOR | ■Remove |
| | | COCONUT GROVE, FL 33133 | Change |
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| document's effective date on the Department of State's records. | | |
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| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Trd is filed. | | 202 |
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