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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HTG UNITED, LLC

Account Number : I20190000094

Phone

: (305)860-8188

Fax Number

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

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OCT 0 6 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG Mount Hermon, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/27/2019	and assigned
Florida document number L19000244352	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 007 TALL SAFE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	ter the name of the new registere
Name of New Registered Agent:		> Z
New Registered Office Address:		 -
	Enter Florida street ade	dress
		Florida
	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

Title	Name	Address	Type of Action
MGR Rieger, Randy	Rieger, Randy	3225 Aviation Avenue, 6th Floor	[] Add
		Coconut Grove, FL 33133	——————————————————————————————————————
		□Change	
		□Add	
		Remove	
		·	□Change
			□Rcmove
			□ Change
		□Remove	
			□Change
			□Rémove
			Change
			□ Add
			□Remove
			Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
ffective	date, if other than the date of filing: (optional) ve 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 605.02
an effecti	we 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in
ocument	is effective date on the Department of State's records.
record sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
ated	
	Signification authorized representative of a member
	Matthew Rieger
	Typed or printed name of signee

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