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	Division of Corporations Fax Number : (850)617-6383			
Fr	rom: Account Name : HTG UNITED, LLC			1121
	Account Number : 120190000094 Phone : (305)860-8188 Fax Number : (305)639-8427		<u>50</u> 20)	[]]
	Inter the email address for this business annual report mailings. Enter only one Email Address: <u>glendab@htg</u>	email addre	ss please.	. **
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University Station II Developer, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	Lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/09/2019 and assigned
Florida document number L19000244461	
This amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liab</u> i	ility company here:
he new name put he distinguishable and contain the words "I imited Lisbil	
	ity Company " the designation "I I C " or the abbreviation "". I. C."
	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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Eater new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the name of the new regi</u>

New Registered Agent's Signature, if changing Registered Agent:

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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

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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

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<u>Title</u>	Name	Address	Type of Action
MGR	Randy Rieger	3225 Aviation Avenue, 6th Floor	 🗆 Add
		Coconut Grove, FL 33133	ERemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other that (If an effective date is listed, the date <u>Note:</u> If the date inserted in t	in the date of filling:	nnot be prior to date of	filing or more than 90 d	_ (optional) lays after filing.) Pursus	ant to 605.0207 (3)(b)
document's effective date on	the Department of Stat	e's records.	nory mang requireme	ins, this date will be	n de niçied as me
if the record specifies a delayed ef record is filed.	ffective date, but not an	effective time, at 12	:01 a.m. on the earlie	er of: (b) Th e 90th	day after the
Dated October 15		2020			
	ML				
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Matthew Rieger					
	Τγ	ped or printed name of	fsignee	n	