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.

(((H20000360208 3)))



H200003802083ABCV

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 Account Number : 120190000094

: HTG UNITED, LLC

Phone

: (305)860-8188

Fax Number

: (305)639-8427

\*\*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 PRESERVE DEVELOPER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

DCT 1 9 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG Preserve Developer, LLC		un manuda i	<del></del>	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on o Liability Company)	ur recorus.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000255624</u>	were filed on		and assign	ıed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited llab	ollity company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "LLC" or the ab	breviation "L.L.C	<u>;"</u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			2323	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	= 9	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	is, <u>enter the nam</u>		egistered
Name of New Registered Agent:	· ———		90	
New Registered Office Address:	Enter Florida st	reet address		<del></del>
		. Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			

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, 6th Floor	
		Coconut Grove, FL 33133	≡Remove
			Change
			□Remove
			☐ Cliange
			DAdd
			Remove
			Change
			□Remove
			Change
			□Add
			Change
			□Remove
			Change

				<del></del>
<del></del>				
<u></u>				<del></del>
<del> </del>				
	,			
<del></del>			· · ·	
	<del></del>	····		
	·			
	~	<del></del>		
Effective date, if other than the	date of filing:	5, 2020	(optional)	
If an effective date is listed, the date must Note: If the date inserted in this blo			an 90 days after filing.) Pursuant Juirements, this date will not b	to 605.0207 ( se listed as t
document's effective date on the De				
			11 d 0 \ m \ 60 L 1	0 1
e record specifies a delayed effective rd is filed.	: date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of; (b) I he yoth day	y after the
	2020	·		
October 15	- +- +			
Dated October 15		· ·		
Dated	Signature of a member or auth	·		- <del>-</del> -

Filing Fee: \$25.00