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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

: (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.

Email Address: glendab@htgf.com

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HTG Terrace | • | | |
|---|--|-----------------------------|----------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appear: .iability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | 09/11/2020 | and assigned |
| Torida document number <u>L20000285196</u> . | | | |
| his amendment is submitted to amend the following: | | | |
| A. If smending name, enter the new name of the limited liable | lity company he | <u>re</u> : | |
| he new name must be distinguishable and contain the words "Limited Liabili | ity Company," the de | signation "LLC" or the a | obreviation "L.L.C." |
| nter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS | | | 55 |
| | | | <u> </u> |
| | | · · | ٠,٥ |
| Inter new mailing address, if applicable: | | | ىد |
| Mailing address MAY BE A POST OFFICE BOX | | | |
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| | | | ٠. |
| If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our re | cords, <u>enter the nan</u> | ie of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | - | |
| THE RESIDENCE CHIEF STATES | Enter Florie | la street address | |
| | | , 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---------------------------------|----------------|
| MGR | Randy Rieger | 3225 Aviation Avenue, 6th Floor | □ Add |
| | | Coconut Grove, FL 33133 | ⊠Remove |
| | | | □ Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | MARKET | | □Add |
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| f am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: | ive date, if other than the date of filing: |
| eoor is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| nted . | 09-22, 2020. |
| | me |
| | Signature of a hember of exthorized representative of a member |
| | |
| | Matthew Rieger Typed or printed name of signer |

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