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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 : (305)639-8427 Fax Number

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

Emmil Address:

glendab@htgf.com

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

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HTG Terrace I				•
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now supears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company w	vere filed on	09/11/2020	and assigned	٠.
Florida document number <u>L20000285222</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>2</u> :		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	ignation "LLC" or the a	bbreviation "LLC."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)				-
		<del></del>		-
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>	····		-
B. If amending the registered agent and/or registered office ad- agent and/or the new registered office address here:	dress on our rec	ords, enter the nan	e of the new registe	red
Name of New Registered Agent:				,
New Registered Office Address:	B. of M			
	Enter Florida	street address	·	
***· · · · · · · · · · · · · · · · · ·	Ctrv	, Florida	71-0-1	
New Registered Agent's Signature, if changing Registered Agent:	CHY		Ztp Code	
The state of the s				

## N

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	<u>Address</u>	Type of Action
MGR	Randy Rieger	3225 Aviation Avenue, 6th Floor	□ Add
		Coconut Grove, FL 33133	⊠Remove
		·	Change
			□Add
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<u>ote:</u> 11	the date inserted in this it's effective date on the	Diock goes bot :	meet the applica	ibic statutory fil	ing requirements	, this date will	not be listed
ecord s	pecifies a delayed effect	ive date, but no	t an effective ti	ne, at 12:01 a.m	. on the earlier o	f: (b) The 90	th day after th
nted	September 22		2020				
			11 D				
		Signature of a	member or sumo	rized representativ	c of a member		

Filing Fee: \$25.00