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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

S

Account Name

: HTG UNITED, LLC

Account Number : 120190000094

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 RIVER TRAIL DEVELOPER, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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| Estimated Charge      | \$25.00 |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HTG River Trail   | Developer, LLC     |                           |                         |
|---|--------------------|---------------------------|-------------------------|
| (Name of the Limited Liability Company :  (A Florida Limited Liab   | ility Company)     | on our records.)          |                         |
| The Articles of Organization for this Limited Liability Company we  | re filed on_       | 09/11/2020                | and assigned            |
| Florida document number <u>L20000285242</u>   |                    |                           |                         |
| This amendment is submitted to amend the following:   |                    |                           |                         |
| A. If amending name, enter the new name of the limited liability  | company bere       | <b>:</b>                  |                         |
| The new name must be distinguishable and commin the words "Limited Liability C  | Company," the desi | guation "LLC" or the a    | bbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   |                    |                           | 200                     |
| (Principal office address MUST BE A STREET ADDRESS)   |                    |                           |                         |
| <del></del>   | <del></del>        |                           | -0                      |
|   |                    |                           | . <b>.</b>              |
| Enter new mailing address, if applicable:   |                    |                           | - 1                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |                    |                           | -                       |
| _   |                    |                           |                         |
| B. If amending the registered agent and/or registered office addragent and/or the new registered office address here: | ess on our reco    | rds, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent:   |                    |                           |                         |
| New Registered Office Address:  |                    |                           |                         |
|   | Enter Florida      | street address            |                         |
|   | a.                 | , Florida                 |                         |
| ·   | City               |                           | Zip Code                |

New Registered Agent's Slongture, 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> | Name         | Address                         | Type of Action |
|--------------|--------------|---------------------------------|----------------|
| MGR          | Randy Rieger | 3225 Aviation Avenue, 6th Floor |                |
|              |              | Coconut Grove, FL 33133         | ⊠Remove        |
|              |              |                                 | ☐ Change       |
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| Mote: II                  | date, if other than the date is listed, the date in the date inserted in this the date on the l | block does not :  | meet the applica                | o date of filing or more t<br>ble statutory filing re- | (option<br>han 90 days after fil<br>quirements, this d | al)<br>ing.) Pursuant to 605.0207<br>ate will not be listed as |
| e record s<br>rd is filed | pecifies a delayed effecti  | ive date, but no  | t an ef <del>fe</del> ctive tin | ne, at 12:01 a.m. on ti                                | ne earlier of: (b)                                     | The 90th day after the   |
|                           | 9-22  |                   | , 2020                          | _•   |  |  |
| Dated                     |   |                   |                                 |  |  |  |
| Dated                     |   | $\Lambda \Lambda$ | <b>Q</b>                        |  |  |  |
| Dated                     |   | Segmature of a    | promber or suther               | ized representative of a                               | шешьег   |  |

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