

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.

(((H23000401484 3)))



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 : 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 VISTA DEVELOPER, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## HTG VISTA DEVELOPER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/12/2020 \_\_\_\_\_ and assigned Florida document number L20000322625 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: بب 02 Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_

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 E Rieger	3225 Aviation Ave, 6th Floor	<b>=</b> Add
		Coconut Grove, Fl. 33133	Ωn
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		<del></del>	□Change
<u>.                                    </u>		<del></del> -	□ Add
			Remove
		<del>-</del>	□ Change
			□Add
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
,	
,	
-	
••	
-	
f an eff <u>Note:</u>	ive date, if other than the date of filing:
recor d 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 ed.
Dated	November 27 2023
	Signature of a member or authorized representative of a member
	Matthew A. Rieger
	Typed or printed name of signee

• . •

Filing Fee: \$25.00