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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 : (305)860-8188 Phone 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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG VISTA DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG VISTA DEVELOPER, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number L20000322625	e filed on 8/30/2023	and assigned
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 C	ompany," the designation "LLC" or the	ne 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:		2024 DF
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>

B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the r</u>	same of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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

Title	<u>Name</u>	Address	Type of Action
MGR	RIEGER, RANDY E	3225 Aviation Avenue 6th Floor	□Add
		Coconut Grove, FL	≅Rernove
			□ Change
			□Add
			□Remove
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	hun the date of filing: (optional)	
an effective date is listed, the	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	05.0207
ote: If the date inserted in	in this block does not meet the applicable statutory filing requirements, this date will not be li on the Department of State's records.	sted as
ocument a criccuse date o	of the Department of State & records.	
	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
recora specines a aciayea I is filed.	effective date, out not an effective time, at 12.01 a.m. on the carnet of (b)	
December 09	2024	
Patcu		
	Signature of a member or authorized representative of a member	
	At a member or authorized seneralistive of a member	
	Signature of a member of authorized representative of a member	
Matthew A. Rie		

Filing Fee: \$25.00