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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: | | |
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| | Division of Corporations | 1-1 J** |
| | Fax Number : (850)617-6383 | 1999 |
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| From: | | 50° - FF |
| | Account Name : HTG UNITED, LLC | |
| | Account Number : I20190000094 | TO - |
| | 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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG NARANJA GRAND, LLC

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

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Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HTG NARANJA GRAND, LLC | | |
|---|---|-------------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records ability Company) | <u></u> |
| The Articles of Organization for this Limited Liability Company of Florida document number L21000197572 | were filed on <u>04/28/2021</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| NARANJA GRAND, LLC | | <u></u> |
| The new name must be distinguishable and contain the words "Limited Liabili | ry 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) | | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1100 |
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| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new <u>register</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | 5 |
| | Ω1. | orida |
| | , FR | 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 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 |
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| Note: If the date | f other than the date s listed, the date must be sp inserted in this block do tive date on the Departn | es not meet the applic | cable statutory fil. | (o) more than 90 days a ng requirements, | p tional) fter filing.) Pu this date wil | rsuant to 605.0: I not be listed |
| record specifies d is filed. | a delayed effective date | , but not an effective t | ime, at 12:01 a.m | . on th e earl ier of | (b) The 90 |)th day after t |
| Dated | May 11 | , 2021 | <u>_</u> . | | | |
| | Signa | ture of a member or auth | norized representati | ve of a member | | |
| | Ç.25 | | | | | |

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