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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

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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORMANDY TRACE, LLC

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OCT 12 2021

S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NORMANDY TRACE, LLC (Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/22/2021 Florida document number L21000333921 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Bability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 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.

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	HTG NORMANDY TRACE MANAGER, LLC	3225 AVIATION AVENUE, 6TH FLOOR	= Add
		COCONUT GROVE, FL 33133	□Remove
			Change
MGR	MATTHEW A RIEGER	3225 AVIATION AVENUE, 6TH FLOOR	□ Add
		COCONUT GROVE, FL 33133	≣Remove
			Change
			□ Add
			□Remove
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e record speci rd is filed.	fies a delayed (effective date	, but not an c	ffective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day at	fter the
Dated	er 5, 2021		,					AHASSE	2021 OCT /
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