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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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 futur annual report mailings. Enter only one email address please.** 2 بب LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 9 HTG NARANJA GRAND MEMBER, LLC Certificate of Status 0

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)

HTG NARANJA GRAND MEMBER, LLC

(A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 07/27/2021	and assi	gned
Florida document number L21000340246			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
HTG NARANJA GRAND II MEMBER, LLC			
The new name must be distinguishable and contain the words "Limited Liabit	lity 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)			
	<u></u>	27.	
B. If amending the registered agent and/or registered office :	address on our records, <u>enter t</u>	be name of the new	registered
agent and/or the new registered office address here:		CO TO	["7"]
		عجت الدلثثا	
Name of New Registered Agent:		ω ω	
New Registered Office Address:		E 60	
	Enter Florida street address		
	. Flo	rida	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records.		
MGR = Manager AMBR = Authorized Member		

Title	<u>Name</u>	<u>Address</u>	Type of Action
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