17/266 State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000013738 3)))



H230000137383ABC.

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:

Accdunt Name

: HTG UNITED, LLC

Account Number : 120190000094

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HFH FOX POINTE, LLC

Certificate of Status	Status 1	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$30.00	

JAN 12 2023

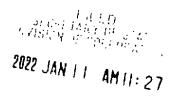
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HfH Fox Pointe, LLC

(Name of the Limite	d Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia		2072	
Florida document number L22000271266		and assigned	
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	the limited liability company here	;	
_			
The new name must be distinguishable and contain the wor		gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	·		
(Principal office address MUST RE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered affice address by	istered office address on our reco here:	rds, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florido		
		, Florida Zıp Code	
New Registered Agent's Signature, if changing Regi			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change	ind complete performance of my t red agent as provided for in Chap istered office address. I hereby or	duties, and I am familiar with and	
	If Changing Registered Agent, §	ignature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HFH FOX POINTE MM, LLC	4087 US HWY I	
		SUITE 3	□ Add
		ROCKLEDGE, FL 32955	
MGR HTG Fox Pointe	HTG Fox Pointe Manager, LLC	3225 Aviation Avenue	-
		6th Floor	DRemove
		Miami, FL 33133	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Remove
			□ Change

D. If ame	ending any other infor	matten enter change(e) house (final at the	$\hat{N}_{jj''}^{KO}$
		mation, enter change(s) here: (Attach additional sheets, if necessary.)	1977 (1933) 1 - 1883
_			4M]]:
_			
_			
_			
_			
_			
-			
_			
_			
_			
	-		
_			
(If an effective Note: If		te date of filing: (optional) to be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lock does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	07 (3)(b) as the
he record ord is filed	specifies a delayed effecti i.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
Dated	1/11/2023		
	<u></u>	Signature of a member or authorized representative of a member	
	מ	ob Cramp	
	I.	OD CIANID	

Filing Fee: \$25.00