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Division of Corporations

Fax Number : (850)617-6383

From:

Account 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.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG PALM GROVE DEVELOPER, LLC

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

T. LEMIEUX Help NOV 2 8 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG PALM GROVE DEVELOPER, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	<u>ds.</u> )
( xxiaa xxiiic		
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L23000401574		
iorida document transcer		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "I.I.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
F-A		
Enter new mailing address, if applicable:		1 ,*
(Mailing address MAY BE A POST OFFICE BON)		<u></u>
		****
		=
B. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	r the name of the new regist
agent and/or the new registered office address here:		
		===
Name of New Registered Agent:		E.
Name of Now Registered Light.	····	·
New Registered Office Address:		
	Enter Florida street addre	2.23
	_ F	lorida
	Cin <sup>,</sup>	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Randy E. Rieger	3225 Aviation Ave, 6th Floor	<b>=</b> Add
		Coconut Grove, FL 33133	Remove
			Change
<u>.</u>			🗆 Add
			□Remove
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an effective da ote: If the d	if other than the date of its listed, the date must be speci- te inserted in this block does active date on the Departmen	ific and cannot be prior to not meet the applica	ble statutory filing requir	(optional) 90 days after filing.) Pursu ements, this date will no	ant to 605,020 of be listed as
record specifi	es a delayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on the c	arlier of: (b) The 90th	day after the
	November	27 2023	·		
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ated	M Seminar	c of a member or author	ized representative of a mo	mber	

Filing Fee: \$25.00