## Florida Department of State

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.

(((H23000318820 3)))



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 : 120190000094

Phone : (305)860-8188

Fax Number : (305)639-8427

\*Enter the email acdress for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* --

Email Address: Glendab@htqf.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG OASIS II, LLC

Certificate of Status	()
Certified Copy	()
Page Count	04
Estimated Charge	\$25.09

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1,

HTG Oasis II, LLC		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L23000410965	iability Company were filed on 09/01/2023	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
	egistered office address on our records, enter the r	name of the new registere
agent and/or the new registered office addres	ss here:	; 
Name of New Registered Agent:		
New Registered Office Address:		<u>-</u>
	Enter Florida street address	. 02
	, Florida	· •
	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 zmending 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

AMBR = Au	thorized Member		Type of Acrion
Title	Name	Address	1,130
MGR	HTG Quals II Manager, LLC	3225 AVIATION AVE STIFFLOOR	
		COCONET GROVE, FL 33133	- Remove
			OChange
MGR RIEGER, MATTHEW A	322S AVIATION AVENUE, 6TH FLOOR	(_]Add	
		COCONUT GROVE, FL 33133	
		[]Change	
		□Ađd	
		()Remove	
		□Change	
		⊟Adá	
		Change	
			CAdd
		□Remove	
			Change
			⊖Add
	•		ORemove
		[]Change	

••	
_	
••	
_	
•	
-	
fan effe Note:	ve date, if other than the date of filing:  (optional)  extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
recore d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 11th 2023
•	
·	Signature of a member or authorized representative of a member

Filing Fee: \$25.00