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

மத்தி ஊார் Address: Glendab@htgf.com

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG SKYVIEW DEVELOPER, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)
he Articles of Organization for this Limited Liability Company were filed or	n 08/07/2023 and assigned
lorida document number 1.23000414952	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	<u>ny here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
	, s
Mailing address MAY BE A POST OFFICE BOX)	-
<del></del>	
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new regis
gent and/or the new registered office address here:	
	.5
Name of New Registered Agent:	<u>-</u>
New Registered Office Address:	
Ente	r Florida street address
	, Florida
Cıtı	Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Randy E. Rieger	3225 Aviation Ave, 6th Floor	■ Add
		Coconut Grove, FL 33133	Remove
			□ Change
			🗀 Add
			□Remove
			□ Change
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n effective date <u>te:</u> If the dat	if other than the is listed, the date must inserted in this blockive date on the De	t be specific and car ock does not mee	anot be prior to dat t the applicable s	e of filing or more tha tatutory filing requ	(optional n 90 days after filin irements, this dat	l) g.) Pursuant to 605.02 ie will not be listed
ecord specifie is filed.	a delayed effective	e date, but not an	effective time, a	t 12:01 a.m. on the	earlier of: (b) 1	The 90th day after th
	Nove	mber 27 , 2	2023			
ted			•			
ted	W	2		roprosentative of a m		

Filing Fee: \$25.00