(((H23000401506 3)))

(shown below) on the top and bottom of all pages of the document.



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 future ಾಸ್ಟ್ annual report mailings. Enter only one email address please.\*\*

Email Address: Glendab@htgf.com

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

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

Electronic Filing Menu

Corporate Filing Menu

HelpEMIEUX NOV 2 8 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG Signature Developer, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/07/2023 and assigned Florida document number L23000415753 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I.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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_

## 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	<b></b> Add
		Coconut Grove, FL 33133	□Remove
			🗆 Change
	<del></del>		□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
	<del></del>		□ Add
		<del> </del>	
	<del></del>	□Change	
		·	□ Add
			Remove
			[] Change

,	
,	
***************************************	
,,	
***************************************	
***************************************	
*****************	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Whanner/sommersonson.	
***********	
Tective date. i	if other than the date of filing: (optional)
un effective date i	s 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
ote: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.
Comen s circo	tive date on the Department of State's records.
1 :0	
ecord specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	November 27 2023
ned	November 27 , 2023
	1 / A   1 \
	$M\Psi_{\perp}$
***************************************	Sensure of a member or authorized representative of a member

Filing Fee: \$25.00