6/7/24, 1.58 PM

Division of Corporations

Florida Department of State

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(((H24000200720 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

Scoleman@hillpointe.com

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HP-231138 STATESBORO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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ARTICLES OF AMENDMENT

ARTI	CLES OF C	O PRGANIZATION	Ī
	О	F	
HP-231138 STATESBORO, LLC			
(<u>Name of the Limite</u>	d Liability Compa A Florida Limited	ny as it now appears on ou Liability Company)	rrecords.)
The Articles of Organization for this Limited Lie Florida document number L24000238181			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
HP-231138 STATESBORO QOZB, LLC			
The new name must be distinguishable and contain the we	ords "Limited Linhi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	BOX)		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records	s, enter the name of the new registered
Name of New Registered Agent:	CT Corporation	n System	
New Registered Office Address:	New Registered Office Address: 1200 S. Pine Island Rd., Stc. 250 Enter Florida street address		et address
	Plantation		, Florida ³³³²⁴
		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.

Kendra Jasus Kendra Jesus, VP
Il Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 Page: 3 of 4

2024-06-07 14:06:12 EDT

14076508411

From: Heather Irving

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 (((H240002007203)))

Title	Name	Address	Type of Action
MGR	Hillpointe OZ Fund I QOZB	101 S. New York Ave., Suite 211	
	Manager, LLC	Winter Park, FL 32789	
			OChange
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
			OAdd
			<u></u> ПRетюче
			Change
			□Add
			ПРетоус
			ClChange
			ElAdd
			□Remove
			[]]Change

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Additional Article:	
Purpose: The purpose	of the Company is to directly and indirectly own and operate one or more "Qualified
Opportunity Zone Bus	ness" as such term is defined in Section 1400Z-2(d)(3) of the Internal Revenue Code
of 1986, as amended, t	o satisfy the "Qualified Opportunity Zone Business" requirements set forth therein.
and to engage in any o	ther lawful act or activity for which a limited liability company may be formed
under the Act.	
-1-1, 	
Note: If the date inserted in	n the date of filing:
e record specifies a delayed e ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024
	b.,
***************************************	Signature of a member or authorized representative of a member
	Share of the same
	Steven Compls: Typed or printed name of signee