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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115

Fax Number

Phone : (813)773-4973 : (813)440-4499

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

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T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTI I LLC				•
(Name of the Limited Liability C (A Florida Lir	Ompany as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number L24000253339	opany were filed on 06/03/2024		and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	abbrevii	ation "L.	L.C."
Enter new principal offices address, if applicable:				GD
(Principal office address MUST BE A STREET ADDRES.	(S)			
			:::	T
				1
Enter new mailing address, if applicable:		· ,	=	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		-i ,	=	
		- ·	<u></u>	
B. If amending the registered agent and/or registered off	fice address on our records, enter the nan	ne of t	<u>he new</u>	(j) registered
agent and/or the new registered office address here:				-
Name of New Registered Agent:		<del></del>		
New Registered Office Address:				
	Enter Florida street address	<del></del>		
	Florida		···	
	Chy	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 Changing Registered Agent, Signature of New Registered Agent

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	IQBAL HOSSEN	18901 N DALE MABRY HWY	□Add
		LUTZ. FL 33548	=====================================
			□Change
MGR HM A HAQUE	HM A HAQUE	3720 SUNSET	□Add
		ATLANTIC CITY, NJ 08401	■Remove
-AMBR	AMBR IQBAL HOSSEN	18901 N DALE MABRY HWY	
		LUTZ, FL 33548	□ Remove
			□Change
AMBR	HM A HAQUE	3720 SUNSET	
		ATLANTIC CITY, NJ 08401	□Remove
			□Change
			□Add
			☐ Remove
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			□Remove
			□Change

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m	ve date, if other than the date of filing:  ctive 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 605.0207 (  If the date inserted in this block does not meet the opplicable and filing or more than 90 days after filing.)
OCUINO	int's effective date on the Department of State's records.
record	cmanificate delicated (Marie 1)
is file	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
	UNE 11 2024
ated _	
ated _	
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00