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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HTG UNITED, LLC Account Number : I20190000094 : (305)860-8188

: (305)639-8427 Fax Number

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HTG PLACE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HTG PLACE, LLC	· .	<u> · · · · · · · · · · · · · · · · · · </u>
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) (Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.24000297748	ompany were filed on 07/02/2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	or the abbreviation "I, I, C "
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDE	RESS)	
		202 4
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		F
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	d office address on our records, <u>enter (f</u>	ie name of the new registe
Name of New Registered Agent:		***************************************
New Registered Office Address:		
Regingles - Inject address.	Enter Florida street address	
	, Flor	ida
	Cuy	Zap 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	RIEGER, MATTHEW A	3225 AVIATION AVENUE 6TH FLOOR	
		COCONUT GROVE, FL 33133	■Remove
			□ Change
MGR	HTG PLACE MANAGER, LLC	3225 AVIATION AVENUE 6TH FLOOR	■Add
		COCONUT GROVE, FL 33133	URemove
			[IChange
			IBRemove
			ClChange
±=127	·		🗆 Add
			[]Remove
			(Change
			C Add
			LiChange
			□Remove
			□ Change

			······································	
		<u> </u>		
Sective date, if other than the done effective date is listed, the date must be defined in this block nument's effective date on the Dep	e specific and cannot be pri k does not must the appl	or to date of filing or mo licable statutory filing	(optional) re than 90 days after filing \Pu requirements, this date wil	(suant to 608 020) Friot be listed as
ecord specifies a delayed effective s filed.	date, but not an effective	time, at 12.01 a.m. o	n the earlier of, (b) The 90	Ith day after the
sed September 3	. 2024	·		
1.	(A2_		d a member	
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