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(Business Entity Name)
(Document Number)
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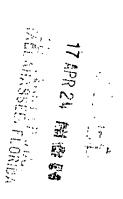
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COVER LETTER

	gistration Section of Corp					
SUBJECT:	CGU Homes, LLC					
obsect.		Name of Limit	ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		Robin Barsano				
			Name of Person			
		Carol L. LeBeau, PA				
		<u>,</u>	Firm/Company			
		4953 Castello Drive, Suite 200				
		,	Address			
		Naples, FL 34103				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	,	robin@carollebeaupa.com		·		
	· ·.		o be used for future annual report notific	cation)		
For further in	nformation coi	ncerning this matter, please ca	11:			
Robin Barsa			239 262-3544 at () Area Code Daytime '			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	following amount:				
\$25.001	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGU Homes, 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 03/28/2016 __ and assigned Florida document number L16000061760 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 "LLC." 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: Carol L. LeBeau Name of New Registered Agent: 4953 Castello Drive, Suite 200 New Registered Office Address: Enter Florida street address Naples Florida 34103 Citv

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
AMBR	Michael Ludington	1140 Rordon Ave	
		Naples, FL 34103	☐ Remove
			Change
			Add
			☐ Remove
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			Change
			□ Remove
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Filing Fee: \$25.00