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S. WARREN Jun 3 0 2017

COVER LETTER

Division of Cor				
CGU Home	es, LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robin Barsano			
	····	Name of Person		
	Carol L. LeBeau, PA			
		Firm/Company		
	4953 Castello Drive, Suite 200			
		Address		
	Naples, FL 34103			
	D. 12. ZN 11.1	City/State and Zip Code		
	Robin@carollebeaupa.com E-mail address: (to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please ca			
Robin Barsano		239 262-3544		
Name o	of Person	at () Area Code Daytime	Felephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 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 Compa (A Florida Limited I	ny as it now appears on Jiability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/28/2}{}$	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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.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 of registered agent and/or the new registered office address here		r records, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
		, Florida
	City	, Florida Zıp 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 liandity 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	Clifford Andrew Twetan	6140 Hidden Oaks Lane	= Add
		Naples, FL 34119	
			□ Change
		 	
			Remove
			Change
			Add
		-	Remove
			Change
			Add
			□ Remove
			Change
			Add
			Hemove JUN Phange PAdd 2: 20 Remove
			Remove

famend	ing any other information, enter change(s) here: (Attach additional sheet	
	·	
		····
_		
<u>Sote:</u> If locumen e recoi	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records. In the specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	nents, this date will not be listed as
ated	Jun 2/3 2017.	17 ,
	Signature of a member or authorized representative of a member of a transfer of the Carol L. LeBeau	Der 11 10 29
	Typed or printed name of signee	PH 2:
	Page 3 of 3	20 ATE ADE

Filing Fee: \$25.00