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COVER LETTER

TO: Registratio Division of	n Section Corporations	S		
SUBJECT:	cgu	Homes L Name of Limi	LC_	
		Name of Limi	ited Liability Company	
The enclosed Article	s of Amendm	ent and fee(s) are subt	mitted for filing.	
Please return all corr	espondence co	oncerning this matter t	to the following:	
		Carol	L. Le Beau	
			L. Le Beau PA Firm/Company	<u>_</u>
		4953	Castello De #	200
		Nuples	FL 34103 City/State and Zip Code	
			441488 @ aol. Corto be used for future annual report notifi	
For further informat	ion concerning	g this matter, please ca	all:	
Na	ime of Person) Deav	at (<u>339</u>) <u>262-3</u> Area Code Daytime	e Telephone Number
Enclosed is a check	for the follow	ing amount:		
\$25.00 Filing Fe		0.00 Filing Fee & Pertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac Registrati	Idress: ion Section		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGU H	tomes, L	LC.			
(Name of the Limited Lia (A Flo	bility Company as orida Limited Liabili	it now appears on ty Company)	our records.)		
The Articles of Organization for this Limited Liabilit Florida document numberL\600006\76	y Company were	filed on 3	28/16	and assign	ned
This amendment is submitted to amend the following	; :				
A. If amending name, enter the new name of the l	limited liability	company here:			
The new name must be distinguishable and contain the words "	Limited Liability Co	mpany," the design	nation "LLC" or the	abbreviation "L.L.	25.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DDRESS)			e	P
					p
Enter new mailing address, if applicable:	_				2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ess on our recor	rds, enter the na	ame of the new r	<u>egisterec</u>
Name of New Registered Agent:	_(_arol_	<u>L. Le</u>	Deau		
New Registered Office Address:	4953	Castello Emer Floridas	Dr. # 21	o ე	
	Napl	e i	Florida	34103	
		City	1011044	34103 Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:				
I hereby accept the appointment as registered age	ent and agree to	act in this cape	acity. I further a	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
Member	Jonathan Lawrence	27895 Carl Cirde	🗆 Add
		27895 Carl Cirde Bonita Springe, FL	□Remove
		34135	CyChange
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊖Change
			
		·	Remove
			□ Change
			□ Add
			Remove
			Channa

								· · · ·		
		<u> </u>								
		-								
fective	date, if o	ther than sted, the date	the date o	of filing: _	nnot be prior	to date of filin	g or more than	(optio	nal) Hing.) Pursuant date will not l	to 605.020° be listed as
			is block doe ne Departmo				i inng requi	remems, uns	date will not	oe noteu di
ecord spis spis spis spis spis spis spis spi		lelayed effe	retive date.	but not an	effective ti	me, at 12:01	a.m. on the	earlier of: (b)	The 90th da	y after the
ted	Cp	<u> ک</u> لئے	<u>}</u>	<u> </u>	202 C	4.0				

Filing Fee: \$25.00

Typed or printed name of signee