14000061760

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	·





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COVER LETTER

TO: Registration : Division of Co			
CGU Hor	nes, LLC	نعب	
SORTECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Carol L. LeBeau		
		Name of Person	
	Carol L. LeBeau, PA		
	-	Firm/Company	
	4953 Castello Drive, Suite	200	
		Address	
	Naples, FL 34103		
	carol@cgunlimited.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notification)	
Carol LeBeau		239 262-3544	
Name	of Person	at () Area Code Daytime Telephone Number	_
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is	Status &
<u>Mailing Addr</u> Registration		Street Address: Registration Section	
Division of	Corporations	Division of Corporations	-
P.O. Box 63 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liat (A Flor	bility Company as it now appears on our recorded Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L16000061760	y Company were filed on 03/28/2016	and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address hero		er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CCII Uomasa III C

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

1

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	Andrew Hemmer	1998 Trade Center Way, Ste 2	≅ Add
		Naples, FL 34109	□Remove
			□Change
AMBR	Barbara Kellam	1998 Trade Center Way, Ste 2	■Add
		Naples, FL 34109	□Remove
		- , , , , , , , , , , , , , , , , , , ,	Change
			□ Add
			□Remove
			□ Change
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