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COVER LETTER

TO:

TO: Registration So Division of Cor					
	Marine, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Paul J. Sodhi, Esq.				
		Name of Person			
	Goodrich, LLC		74	202	
		Firm/Company		<u> </u>	-
	525 Okeechobee Boulevar	d, Suite 1000		2021 MAR -9	47
		Address			
	West Palm Beach, FL 334	01	1777 1915 1187	다.	٠
	mcomposto@goodrichllc.cc	City/State and Zip Code	មិនធ្វើ ពេធ	ம	
	E-mail address: (to be used for future annual report notification)			
For further information c	oncerning this matter, please ca	all:			
Paul J. Sodhi		407 810-9757 at ()			
Name o	f Person	Area Code Daytime Telephor	ne 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 Sta Certified Copy (additional copy is ea	ıtus &	
Mailing Address		Street Address:			
Registration Division of C		Registration Section Division of Corporation	ns		
P.O. Box 632		The Centre of Tallahas			
Tallahassee		2415 N. Monroe Street			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CGW P68 Marine, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Compan	y were filed on August 21, 2020	and assigned
Horida document number L20000247743		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CGW Recovery, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c: 23
Principal office address MUST BE A STREET ADDRESS		1 2
THE PURE VITE WAR ESS MOST BE A STREET ABOUT STREET		55
		1 - 44-85
		0 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-2 5
3. If amending the registered agent and/or registered office	address on our records, enter t	the name of the new regis
igent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
Than of they registered right.		
New Registered Office Address:		
	Enter Florida street address	
		rida Zip Code
	City	Zip 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statutory forment's effective date on the Department of State's records.	
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after th
s filed.	
ted March 8 2021	
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Togl Mauill.	

Filing Fee: \$25.00