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(Requ	estor's Name)	
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PICK-UP	Ŭ WAIT	MAIL MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ina Officer:	
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COVER LETTER

Division of Corpo			
SUBJECT: CGU	Real Est	rate Holdings, LLC	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	\wedge		
		Name of Person	
		Name of Person	3
	Car	Name of Person A L. Lo Corres 177 Firm/Company	120
		Firm/Company	
	4953	Castello De #200	——————————————————————————————————————
		Address	<u> </u>
	Nap	W.FL 34103	
		City/State and Zip Code	· <u></u>
	E-mail address: (to be used for future annual report notification)	
For further information cond			
A .	coming this matter, prease co	all.	
Name of Pe	Le Beau	at (239) 262-2544 Area Code Daytime Telephone	·
manic of Fe	HSON	Area Code Daytime Telephone	Number
Enclosed is a check for the f			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec Division of Corp		Registration Section	
P.O. Box 6327	orations .	Division of Corporations The Centre of Tallahassee	5
Tallahassee, FL	32314	2415 N. Monroe Street, S	=

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9/25/2020 and assigned
Florida document number <u>L 2000 0 304 205</u>	and assigned
	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	vility company here:
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	•
Enter new mailing address, if applicable:	: : : : : : : : : : : : : : : : : : :
Mailing address MAY BE A POST OFFICE BOX)	
CHARLES WAT BE AT UST OFFICE BOX)	
3. If amending the registered agent and/or registered office ac	address on our records, automatically
gent and/or the new registered office address here:	enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Hen Hogistered Office Address.	Enter Florida street address
	, Florida City Ziv 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 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 Alve	□ Add
		Naple, FL 34103	Remove
			C Change
AMBE.	Andrew A. Tweton	10140 Hidden Oaks Law	<u>E.</u> , □Add
		Naples, FL 34119	©Remove
			Change
			=□Add
			□Remove
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an effective date is ote: If the date i	reserved in this prock (specific and cannot be prior	to date of filing or more the	(optiona an 90 days after fili uirements, this da	\ D
record specifies a is filed.	delayed effective date	e, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
nted 0	16	2029	Been		
	Signa	arene of a member of anim	orized representative of a r	nember	