L23000129674

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Special Instructions to	Filing Officer.	
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COVER LETTER

Div	isiön of Cor	porations		
SUBJECT:	Blue Heron	Home Buyers LLC		
JOBSECT.		Name of Lim	ited Liability Company	
The englaced	l Amiologos	Normal and Contal and col	missend for filling	
	· ·	Amendment and fee(s) are sub	-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lexie Rivers		
			Name of Person	
		Prime Corporate Services		
			Firm/Company	
		5250 S Commerce Dr Ste	200	
		• •	Address	
		Murray, UT 84107		
			City/State and Zip Code	
		llesupport@primecorporate		<u></u>
			to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please c	all:	
Lexie Rivers	;		855 577-4639	
· · 	Name of	Person	at () Area Code Daytime	e Telephone Number
n 1 1:				
		e following amount:	_	
■ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COURT	ER ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Blue Heron Home Buyers LLC

company has been notified in writing of this change.

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) OLUME HARY OF STATE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{03/18/2023}{1}$ and assigned Florida document number L23000129674 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blue Heron Property Partners LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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>	<u>Address</u>	Type of Action
			Remove
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record specifies a delayed The 90th day after the reco		, but not a	n effective	time, at 12	:01 a.m. on	the ea	arlier o
September 27	20)23					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00