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то:							
SUBJEC	CT: SP	HERON	S PROPERTIES, LLC				
			Name of Lin	aited Liability Compar	ny		
The encl	osed Artic	rles of Am	endment and fee(s) are sub	mitted for filing.			
Please re	turn all co	orresponde	nce concerning this matter	to the following:			
		-	Michael M. Bajalia.				
				Name of Perso	n		
	Division of Corporations UBJECT: SP HERONS PROPERTIES, LLC Name of Limited Liability Company be enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Michael M. Bajalia, Esq.						
Please retu		Firm/Company					
11512 Lake Mead		Avenue, Suite 30)1				
		-		Address			
			Jacksonville, FL 3	2256			
		-	<u> </u>		Code		
		_	E-mail address: (to be used for future a	nnual report notifica	ttion)	
For furth	er informa	ition conce	rning this matter, please ca	all:			
Micha	el M. Ba	ijalia, Esc	3 .	at (904	352-1121		
			<u></u>		.,	elephone Number	
Enclosed	is a check	c for the fo	llowing amount:				
© X \$25.0	00 Filing I	Fee [Certified Cop	oy	Certificate of Status &	
			ion			an	
				-	-		
					•		
•	Tallahas	see. FL 3	2314			treet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP HERONS PROPERTIES, LLC			ing p	ļ.
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appea lity Company)	rs on our records.)	FLOGA FSIA	_
The Articles of Organization for this Limited Liability Company wer L21000246521 Florida document number	e filed on	May 26, 2021	and assigned Li	
This amendment is submitted to amend the following:				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on				
The new name must be distinguishable and contain the words "Limited Liability C	Company." the c	lesignation "LLC" or the a	bbreviation "L.L.C."	-
Enter new principal offices address, if applicable:				-
(Principal office address MUST BE A STREET ADDRESS)				-
_				-
••				-
(Mailing address MAY BE A POST OFFICE BOX)				•
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our r	ecords, <u>enter the nan</u>	ne of the new registe	<u>red</u>
Name of New Registered Agent:				-
New Registered Office Address:				
	Enter Flo	rida street address		
		Florida		

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.

Citv

Zip Code

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	Scott R. Forsyth, as Trustee	2251 Oceanforest Drive W.	□ Add
		Atlantic Beach, FL32233	\Remove
			Change
MGR	Scott R. Forsyth, as Co-Trustee of the	2251 Oceanforest Drive W.	
	Scott R. Forsyth Revocable Living Trust Agreement dated May 11, 2021	Atlantic Beach, FL 32233	□Remove
			□Change
MGR	Penny D. Forsyth, as Co-Trustee of the	2251 Oceanforest Drive W.	MAdd
	Scott R. Forsyth Revocable Living Trust Agreement dated May 11, 2021	Atlantic Beach, FL 32223	□Remove
			□Change
			□Remove
			□ Change
	-		
			□Remove
			□Change
			□Add
			(T.)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	iary.)	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ing.) Pursuant to 60:	5.0207 (3)(ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.	The 90th day after	er the
Dated June 14, 2022.	IALL SHA	2022 JUN 17 PM 5: 43
Signature of a member or authorized representative of a member	SS. SS. Mini Min.	HIT P
Scott R. Forsyth, Manager Typed or printed name of signee	<u> </u>	PM C
	TATE LORIDA	j: 4 3