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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	legistration Sivision of Co			
SUBJECT	r: <u>2-</u> 901 B	lue Heron Beach, LLC		
		Name of Lin	ited Liability Company	-
The enclos	sed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correst	oondence concerning this matter	to the following:	
		Dayna A. Mink-Coat		
			Name of Person	
		J&D Coats Propertie	es	
			Firm Company	_
		41 W Hwy 14 #1000		
			Address	_
		Spearfish, SD 57783		
			City/State and Zip Code	_
		jeffcoats1000(a gmail.com	to be used for future annual report notification)	<u></u>
Eve freely	- In Communica	concerning this matter, please c	·	
	mornanon	concerning this matter, prease c		
Jeff Coats			503 995-9765 ar()	in in
	Name	of Person	Area Code Daytime Telephone Num	her SSSS O
Enclosed is	s a check for	the following amount:		PATE 09
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificadditional copy is enclosed) Certificational copy is enclosed.	Filing Fee, icate of Status & ied Copy mal copy is enclosed)
R	lailing Addra egistration		Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2-901 Blue Heron Beach, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 28, 2022	and assigned
Florida document number L22000517748		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u> </u>
(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 agent and/or the new registered office address here:	address on our records, enter the na	ne of the new registere
Name of New Registered Agent:		EE, FLE
New Registered Office Address:	Enter Florida street address	
	P1	
	, Florida	Zm 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	<u>Address</u>	Type of Action
MGR	Jeffrey D. Coats	41 W Hwy 14 =1000	
		Spearfish, SD 57783	■Remove
			□Change
			□Add
		 -	⊡Remove
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			□Remove
		-	□Change
			□Add
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			[]Change

	s Dayna A. Mink-Coats
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ffect an el	ve date, if other than the date of filing:(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	The state of the s
recor Lis ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t ed.
ated	December 26 2023
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Typed or printed name of signee