

L23000229687 224

Florida Department of State
Division of Corporations/
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.
Account Number : 120050000098
Phone : (239)992-6578
Fax Number : (239)390-1920

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: doflammang@bmdpl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE HERON POND, LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUN 30 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

(((H23000229687 3)))

SUBJECT: BLUE HERON POND, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA M. FLAMMANG, ESQUIRE

Name of Person

BRENNAN, MANNA & DIAMOND, P.L.L.

Firm/Company

8891 BRIGHTON LANE, SUITE 112

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

dmflammang@bmdpl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA M. FLAMMANG

Name of Person

239

405-8672

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Status &
Certified Copy
(additional copy is enclosed)Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BLUE HERON POND, LLC

(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 JUNE 8, 2023 and assigned
Florida document number 1.23000278224

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

City _____, Florida _____

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	CHRISTOPHER SPANO	5784 DEAUVILLE CIRCLE, UNIT #B104	<input type="checkbox"/> Add
		NAPLES, FL 34112-7283	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	JILL ANN SPANO	5784 DEAUVILLE CIRCLE, UNIT #B104	<input type="checkbox"/> Add
		NAPLES, FL 34112-7283	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	JACQUELINE SPANO	5784 DEAUVILLE CIRCLE, UNIT #B104	<input type="checkbox"/> Add
		NAPLES, FL 34112-7283	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	DANIEL SPANO	5784 DEAUVILLE CIRCLE, UNIT #B104	<input type="checkbox"/> Add
		NAPLES, FL 34112-7285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2023

[Handwritten signature]

Signature of a member or authorized representative of a member

DONNA M. FLAMMANG, ESQUIRE

Typed or printed name of signee

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