

L16000112909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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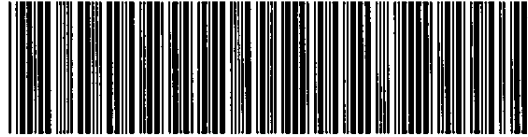
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WNH - Marshall Arms apts 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:

Robert Ruth
Name of Person

WNH Holdings LLC
Firm/Company

727 W 11th St - Corporate Office
Address

Panama City, FL 32401
City/State and Zip Code

lee, Christopher John @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Ruth at (716) 870-6481
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WNH - Marshall Arms apt 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 6/10/16 and assigned Florida document number L16000112909.

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)

727 W 11th St - Corporate Office
Panama City, FL 32401

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

_____, Florida _____
City 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:

STATE
CLERK
JUN 10 9 43 AM '16
PANAMA CITY, FL

• 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>	<u>Type of Action</u>
<u>MGR</u>	<u>Christopher Lee</u>	<u>48 Bradenham Place</u>	☐ Add
		<u>Amherst, NY 14226</u>	☒ Remove
			☐ Change
<u>MGR</u>	<u>Robert Ruth</u>	<u>11 Eltham Dr</u>	☐ Add
		<u>Amherst, NY 14226</u>	☒ Remove
			☐ Change
<u>MGR</u>	<u>Adrian Jellone</u>	<u>8700 Front Beach Rd</u>	☐ Add
		<u>UNIT 1001</u>	
		<u>Panama City Beach, FL</u>	☒ Remove
		<u>32407</u>	
			☐ Change
<u>Sole member</u>	<u>WNH Holdings LLC</u>	<u>727 W 11th St</u>	☒ Add
		<u>Panama City, FL 32401</u>	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☒ Add
			☐ Remove
			☐ Change

RECORDING OF STATE
RELATIVES, FLORIDA
JUN 9 2013
15 AM

[illegible]

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.

(b) The 90th day after the record is filed.



Signature of a member or authorized representative of a member

Robert m Ruth

Typed or printed name of signer

Filing Fee: \$25.00

18 AUG 69 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FL ORNDORF

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