

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			- .	(/) [T
	Division of Co	rporations	*	70
	Fax Number	: (850)617-6383	•	င်
From:				
	Account Name	: CONROY, CONROY & DURANT, P.A.		
	Account Number	: I28190000025	•	τ.
	Phone	: (239)649-5200	••	_
	Fax Number	: (239)649~8140		ယ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WNY - INDIAN HILLS APTS LLC

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COVER LETTER

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A.1.	WNY - IN	DIAN HILLS APTS LLC					
SUBJECT	i	Name of Lin	nited Liability Company				
		Amendment and fee(s) are sub	to the following:				
		MICHAEL A DURANT,	ESQUIRE				
		CONROY, CONROY & D	Name of Person DURANT, P.A,				
		2210 VANDERBILT BEA	Firm/Company ACH ROAD, SUITE 12	01		2019 SEP	2
		NAPLES, FL 34109	Address			5-3 PH	
		mgr.panemacityapts@gmai					C
For further i	information c	E-mail address: (oncerning this matter, please of	to be used for future annu- all:	al report notific	ation)	J.	
Michael A.	Durant, Esqu	irc		49-5200			
	Name o	Person	Area Code	Daytime '	Telephone Number	_	
Enclosed is	a check for th	e following amount:					
3 \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	
	Registra	ING ADDRESS: ation Section	Registra	ET/COURIE	R ADDRESS:		

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

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 2/15/2017 and assign Florida document number U 7000036911 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 "LLC. 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 na	
Florida document number 17000036911 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 "LLC. 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 same of the	
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b. It sitted the registered agent analor registered office address on our records, enter the name of the	_
registered agent and/or the new registered office address here;	the nev
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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an	vith the

If Changing Registered Agent, Signature of New Registered Agent

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	Address	Type of Action
MGR	TALLAHASSEE APARTMENTS LLC	727 WEST 11TH STREET PANAMA CITY, FL 32401	
			■ Remove
	NAW HOLDDIGG V. O		☐ Change
MGR	WNY HOLDINGS LLC	727 WEST LITH STREET PANAMA CITY, FL 32401	Add
			□ Remove
			□ Change
			Remove
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SEPTEMBER 3	3, 2019	
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to di	(options of filing or more than 90 days after	onal) r filing.) Pursuant to 605.0
ote: If the date inscried in this block does not meet the applicable occurrent's effective date on the Department of State's records.	statutory filing requirements, this	s date will not be listed
e record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a	a.m. on the earlier
5-1+3 2245		
Muchael ()	+	
Signature of a member or authorized	d representative of a member	
MICHAEL A. DURANT, ESQUIRE		

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