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COVER LETTER

Div	vision of Cor	porations					
SUR IFCT:	WNY - BRIERWOOD APTS LLC						
SOBJECT.			ited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		MICHAEL A. DURANT.	ESQUIRE				
			Name of Person				
		CONROY, CONROY & D	DURANT, P.A.				
			Firm/Company				
		2210 VANDERBILT BEACH ROAD, SUITE 1201					
		Address					
		NAPLES, FL 34109					
		City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)			
For further i	nformation c	oncerning this matter, please ca	all:				
Michael A.	Durant		239 649-5200 at ()				
	Name o	f Person	Area Code Daytimo	: Telephone Number			
Enclosed is	a check for th	e following amount:					
■ \$25.00 E	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:

TO:

Registration Section

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

WNY - BRIERWOOD APTS LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{L19000093695}{L19000093695}$	4/04/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :
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:	20
(Principal office address MUST BE A STREET ADDRESS)	· 6 _
	'
Enter new mailing address, if applicable:	- · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	2:21
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here: Name of New Registered Agent:	n our records, enter the name of the
New Registered Office Address: Enter Flo	orida street address
	, Florida
Cuy New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

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
MGR	WNY HOLDINGS LLC		Add
		727 WEST HTH STREET, PANAMA CITY, FL 32401	■ Remove
			Change
MGR	CHRISTOPHER LEE	727 WEST 11TH STREET, PANAMA CITY, FL 32401	Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change

	
f an e Note	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $=90$ th day after the record is filed.
Dated	June 10 Aluibael Gent
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00