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Amend

JUN 2 4 2019 I ALBRITTON

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		IN OAKS APTS LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing	
riease returi	i an correspo	ndence concerning this matter	to the following.	
		MICHAEL A. DURANT,	ESQUIRE	
			Name of Person	
		CONROY, CONROY & E	DURANT, P.A.	
		<u> </u>	Firm/Company	
		2210 VANDERBILT BEA	ACH ROAD, SUITE 1201	
			Address	
		NAPLES, FL 34109		
				
		E-mail address: (to be used for future annual report notif	ication)
For further is	nformation c	oncerning this matter, please c	all:	
Michael A. I	Durant		239 649-5200 at ()	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	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)
	**		CTRPPT(COURT	ED ABBUTCS.

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 - TWIN OAKS APTS LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records. Ja Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L19000093737	Company were filed on 04/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
		÷ .
Enter new mailing address, if applicable:		_ · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		رب <u>ب</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, dress here:	. —
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WNY HOLDINGS LLC		
		727 WEST 11TH STREET, PANAMA CITY, FL 32410	
		FAMANIA CITT, FL 32410	■ Remove
			☐ Change
MGR	CHRISTOPHER LEE	727 WEST 11TH STREET. PANAMA CITY, FL 32410	□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
		<u></u>	Change
			Remove
			Change
			Add
			□ Remove
			Change

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Michael A. Durant, Attorney in Fact		
		Michael A. Durant, Attorney in Fact

Page 3 of 3

Filing Fee: \$25.00