10/15/2019

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.

(((H19000305412 3)))



H190003054123ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : T20190000025 : (239)649-5200 Phone Fax Number : (239)649-8140

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

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

વ:

(((H19000305412 3)))

COVER LETTER

TO: Registration Se Division of Cor	ection / provinces		·		
	NEHURST APTS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Picase return all correspo	andence concerning this matter	to the following:			
	KRISTIN M. CONROY				
		Name of Person	<u></u>		
CONROY, CONROY & DURANT, P.A.					
Firm/Company					
2210 VANDERBILT BEACH ROAD, SUITE 1201					
	areasas vy	Address			
	NAPLES, FL 34109				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report nou	fication)		
For further information of	concerning this matter, please o	all:			
KRISTIN M. CONROY		239 649-5200 Arca Code Daytime			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	S30.00 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)		

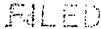
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

(((R19000305412 3)))

(((H1900H805412 3)))

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION **OF** 2019 OCT 15 P 1: +5

WNY - PINEHURST APTS LLC	ALOW DARWING TO
(Name of the Limited Lin	Inbility Company as it now appears on our records: (SEE FECHICA lorida Limited Liability Company)
he Articles of Organization for this Limited Liabili	ity Company were filed on OCTOBER 9, 2019 and assigned
forida document number L19000245263	·
his amendment is submitted to amend the following	ng:
. If amending name, enter the new name of the	e limited liability company here:
he 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	e:
Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the address here:
egistered agent and/or the new registered office	c address here:
registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the address here: Enter Florida street address Florida

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

(((H19000805412 3)))

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	WNY HOLDINGS LLC		□ Add
		727 WEST LITH STREET - OFC PANAMA CITY, FL US 32401	■ Remove
			Change
MGR CHRISTOPH	CHRISTOPHER J. LEE	727 WEST 11TH STREET - OFC PANAMA CITY, FL 32401	Add
			□ Remove
			☐ Change
			□ Add
		Remove	
			☐ Change
		□ Remove	
			Change
		☐ Remove	
			С ha лge
			□ ∧dd
			☐ Remove
			□ Change

10/15/2019 09:46 2396498140 (((H19000305412 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 10, 2019 (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. Dated OCTOBER 15. 2019

Typed or printed name of signee

KRISTIN M. CONROY, ESQ. / CONROY, CONROY & DURANT,

Page 3 of 3

orized representative of a member