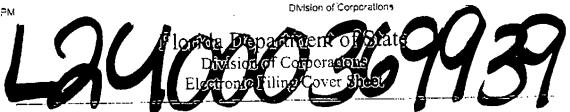
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : I20190000025

Phone : (239)649-5200 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. I

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WNY-FOREST MANOR APTS.,LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WNY-Forest Manor Apts.,LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records, imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Fiorida document number <u>L24000359939</u>	mpany were filed on August 22, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		2024 OCT SECRETALLA
(Mailing address MAY BE A POST OFFICE BOX)		52 - 1
· · · · · · · · · · · · · · · · · · ·		PR 6:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	iffice address on our records, <u>enter th</u>	e name of the new restered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	du
	Cny	Λην 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.

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Forest Manor, Ltd.		🗆 Add
			=Remove
			①Change
MGR	WNY Holdings LLC	475 Harrison Ave, Suite 205 Panama City, FL 32408	
			🗆 Remove
			Change
			□∧dd
			_ ©Remove
			_ Change
			_ 🖸 Add
			_ 🗆 Remove
			OChange
			_ □Add
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ffective date, if other the an effective date is listed, the ote: If the date inserted incoment's effective date of the date o	n this block does n	ot meet the applicat	date of filing or more ole statutory filing re	(option: than 90 days after file equirements, this d	af) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed	effective date, but	not an effective tim	e, at 12:01 a.m. on t	the carlier of: (b)	The 90th day after the
is filed.					
is filed.		2 024	. •		
l is filed.	001	10 SSON	zed representative of a		