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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJECT: Sheridan A			Apartments, LLC	
50202			ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
	Pam Clark			
Name of Person				
Thomas M. Clark, PA				
•	· Firm/Company			
•	2400 E. Commercial Blvd., Suite 820			
	Address			
	Fort Lauderdale, FL 33308			
	City/State and Zip Code			
		PIC E-mail address: (t	notification)	
For furt	her information c	concerning this matter, please co	all:	
	F	Pam Clark	at (_954_)	776-3800
	Name o	f Person	Area Code & Da	ytime Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration So Division of Co Clifton Buildir	rporations

Tallahassee, FL 32301

FAX AUDIT NO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SHERIDAN APARTMENTS, LLC

Document Number of Company: L01000002725

FIRST:

The date of filing of the Articles of Organization was February 21, 2001.

SECOND: The following amendments to the Articles of Organization were adopted by the limited liability company:

Article Nine is hereby deleted, and the following is substituted in its place:

"ARTICLE NINE

This limited liability company shall be managed by a manager who shall be Constantin Ardelean. The names, addresses and ownership interests of the members of this limited liability company are listed on Exhibit "A" attached hereto and made a part hereof."

IN WITNESS WHEREOF, the undersigned Manager/Member of the Company has executed these Articles of Amendment to Articles of Organization this 28 day of May, 2009.

CONTANTO A DEFE

STATE OF FLORIDA COUNTY OF BROWARD]

Before me personally appeared CONSTANTIN ARDELEAN, to me well known and known to me to be the person described in and who executed the foregoing instrument, or who produced as identification, and he acknowledged to and before me that he executed said instrument for the purposes therein expressed.

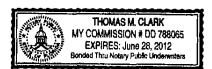
WITNESS my hand and official seal this

_day of May, 2009.

Notary Public

My Commission Expires:

(Seal)



D9 JUN -2 AM 9: 78 SECKETARY OF STATE FAX AUDIT NO:

EXHIBIT "A" MEMBERS

Member and Address:	Units/Percentage Interest
Constantin Ardelean 8461 Springtree Drive Sunrise, FL 33351	84.7%
Maria Ardelean 8445 Springtree Drive Sunrise, FL 33351	15.3%

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