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SECRETARY OF STATE

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M. THOMAS
JAN 3 0 2009
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Corp			
SUBJECT: ORLAN	DO WILLOW BEND	), LLC	
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub		
	THOMAS M. CLARK, ES	SQ.	
		(Name of Person)	
	THOMAS M. CLARK, PA	<b>.</b>	
		(Firm/Company)	
	2400 E. Commercial Blvd	d., Suite 820	7.5
(Address)			
	FORT LAUDERDALE, F	_ 33308	
(City/State and Zip Code)			FOR E
For further information co	oncerning this matter, please c	all:	D9 JAH 29 IM III: 01 SECRETARY OF STATE TALL ASSESSED FLOADIA
		at ()	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)

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

FAX AUDIT NO:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ORLANDO WILLOW BEND, LLC

Document Number of Company: L06000085493

FIRST: The date of filing of the Articles of Organization was August 29, 2006.

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

Exhibit "A" is hereby deleted.

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

## "ARTICLE NINE

This limited liability company shall not be managed by a manager or managers, but shall be operated by the member of the limited liability company. The name and address of the member of this limited liability company is as follows

Constantin Ardelean 8461 Springtree Drive Sunrise, Florida 33351"

IN WITNESS WHEREOF, the undersigned Manager Member hase executed these Articles

Amendment to Articles of Organization this 27 day of January, 2009/

CONSTANTIN ARDELEAN

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

Notary Public

My Commission Expires:

(Seal)

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