L08000106084

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SECRETARY OF STATE ALLAHASSEE, FLORID

J. BRYAN

NOV 1 3 2009

EXAMINER

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW • SINCE 1948

Winter Haven (863) 294-3360 Fax (863) 299-5498 P.O. BOX 1079 LAKE WALES, FLORIDA 33859-1079

100 WEST STUART AVENUE LAKE WALES, FLORIDA 33853 (863) 676-7611 OR (863) 683-8942 FAX (863) 676-0643

www.PetersonMyers.com

Lake Wales November 9, 2009

Registration Section Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Re: Orlando 4 Villas Management LLC

Gentlemen:

Enclosed for filing is the original and one copy of the Articles of Amendment for the above named Florida company. Also enclosed is this firm's check, in the amount of \$25.00, representing payment of the filing fee.

Upon approval and filing of these Articles, please furnish a copy to the attention of:

Jacob C. Dykxhoorn Peterson & Myers, P.A. P.O. Box 1079 Lake Wales, FL 33859-1079

If anything further is required, please call me. Thank you for your assistance in this matter.

Sincerely,

PETERSON & MYEBS, P.A.

. Jacob C. Dykxhoorn

JCD/bv Enclosures

cc: Kenneth Fowler, w/o enclosures

LAKELAND

(863) 683-6511 OR (863) 676-6934 FAX (863) 682-8031



COVER LETTER

Registration Section
Division of Corporations

TO:

、 SUBJECT:	Orlando 4 Vill	as Management LLC		
		ited Liability Company	超量力	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	超12	
Please return all corre	spondence concerning this matter	r to the following:	OSMON 12 PM 2: 05 SECRETARY OF STATES SECRETARY OF STATES TALLAHASSEE. FLORIDA	
		Jacob C. Dykxhoorn		
		Name of Person		
	Р	eterson & Myers, P.A.		
		Firm/Company	1.11/199	
		P.O. Box 1079		
•		Address		
	L	ake Wales, FL 33859		
		City/State and Zip Code	· ••	
	ken@orla E-mail address: (ando4villasmanagement.com	ation)	
For further informatio	n concerning this matter, please of	•	,	
Jac	ob C. Dykxhoorn	at (863) 6	76-7611	
Nam	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Orlando 4 Villas Management LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number _____ L08000106084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: n/a Name of New Registered Agent: n/a New Registered Office Address: Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title Name Address **MGRM** Wayne Brook ☐ Add Remove John O'Neill MGRM **R**emove MGRM Lisa Poirier ☐ Add 7 Remove lan Longhorn MGRM Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 6 2009 Signature of a member or authorized representative of a member Kenneth Fowler, as manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00