

Mar. 6. 2012 2:18 PM

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L03000007341

Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000057093 3)))



H12000057093ABC

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 : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -6 AM 8:28

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EQUAL REALTY LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

**PLEASE FILE IN ORDER OF
BEING RECEIVED (#1)**
B. KOHR

MAR 7 2012

3/2/2012 7:05 PM



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March 6, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EQUAL REALTY LLC
1000 PONCE DE LEON BLVD
212
CORAL GABLES, FL 33134US

SUBJECT: EQUAL REALTY LLC
REF: L03000007341

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name you have chosen -- ER FLORIDA LLC -- is not available because it is too similar to ER LLC -- Document Number M01000002631. Remember that the addition of the words "FLORIDA" or "OF FLORIDA" at the end of a name does not constitute a significant difference. Please choose another new name for this company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

FAX Aud. #: H12000057093
Letter Number: 212A00008559

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Mar. 6. 2012 2:19PM

No. 3554 P. 7

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Equal Realty Llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph Padron

Name of Person

Padron & Associates Inc

Firm/Company

2095 W 76th Street

Address

Hialeah, fl 33016

City/State and Zip Code

Ralph@ralphpadron.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph Padron

Name of Person

at (305)

818-0404

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

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DIVISION OF CORPORATIONS
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Mar. 6. 2012 2:19PM

No. 3554 P. 8

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Equal Realty Llc

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 02/28/2003 and assigned
Florida document number 103000007341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ER Overtown LLC

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:

Name of New Registered Agent:

Frank De La Paz

New Registered Office Address:

1000 Ponce de Leon Blvd Ste 212

Enter Florida street address

Coral Gables

Florida

33134

City

Zip 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 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.

Frank De La Paz
If Changing Registered Agent, Signature of New Registered Agent

Mar. 6. 2012 2:19PM

No. 3554 P. 9

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frank De La Paz as trustee	1000 Ponce de Leon Blvd Ste 212 Coral Gables FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 28

2012


Signature of a member or authorized representative of a member

Barbara E. Ilerena

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00