

L100000 103306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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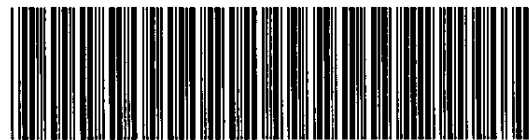
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 12 AM 10:00

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J. SAULSBERRY
EXAMINER

DEC 13 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E&R HOMES, 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:

ALBERTO J. PARLADE, ESQ.

Name of Person

PARLADE LAW FIRM, P.A.

Firm/Company

7050 SW 86 AVENUE

Address

MIAMI, FLORIDA 33143

City/State and Zip Code

AJP@PARLADELAW.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ALBERTO J. PARLADE

Name of Person

at (305) 595-2300

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

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

E&R HOMES, 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 10/04/2010 and assigned
Florida document number L10000103306

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

9840 SW 77 Ave Suite-203 Miami, FL 33156

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

9840 SW 77 Ave Suite-203 Miami, FL 33156

(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:

LILIANA RODRIGUEZ

New Registered Office Address:

9840 SW 77 Ave Suite-203

Enter Florida street address

MIAMI

City

Florida 33156

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.

Liliana Rodriguez
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rodriguez, Liliana	9840 SW77 Avenue, Suite 203	<input checked="" type="checkbox"/> Add
		Miami, FL 33156	<input type="checkbox"/> Remove
MGR	Cayon, Maurice	3839 West 16 Avenue	<input type="checkbox"/> Add
		Miami, FL 33012	<input checked="" type="checkbox"/> Remove
MGR	Etessam, Shahin	3839 West 16 Avenue	<input type="checkbox"/> Add
		Hialeah, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated DECEMBER 7, 2012.



Signature of a member or authorized representative of a member
LILIANA RODRIGUEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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