

# L13000174810

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED  
16 MAR -2 AM 11:49  
SOFTWARE OF FILMS

FILED  
16 MAR -2 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 17 2016  
D CUSHING

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 983026 7973717

AUTHORIZATION :

*Spud DeMan*

COST LIMIT : \$ 25.00

ORDER DATE : February 1, 2016

ORDER TIME : 9:35 AM

ORDER NO. : 983026-005

CUSTOMER NO: 7973717

DOMESTIC AMENDMENT FILING

NAME: EQUAL COMMUNITY HOUSING  
OPPORTUNITIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
16 MAR -2 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Equal Community Housing Opportunities, 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:

Lauren Pantor  
Name of Person

\_\_\_\_\_  
Firm/Company

312 NW 153 Avenue  
Address

Pembroke Pines FL 33028  
City/State and Zip Code

Lauren.Pantor@Comcast.Net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Pantor at (954) 684-1208  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2016

MELISSA ZENDER  
CSC

SUBJECT: EQUAL COMMUNITY HOUSING OPPORTUNTIES, LLC  
Ref. Number: L13000174810

**RESUBMIT**

Please give original  
submission date as file date.

RECEIVED  
GENERAL INVESTMENT SECTION  
16 MAR 16 PM 4:40

We have received your document for EQUAL COMMUNITY HOUSING OPPORTUNTIES, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

This is the one I called you about on Thursday March 3rd. I have not heard anything from you so I am sending it back to you. According to the form and the name this is a limited liability company filing but the document number indicates a corporation. Is this filing for Equal Community Housing Opportunities, LLC (L13000174810) or is it for Equal Community Housing Opportunities II, Inc. (N15000011903). If it is for the LLC please change the document number on the form. If it should be a corporate filing please complete the proper form.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 516A00004729

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

FILED  
19 MAR -2 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Equal Community Housing Opportunities, 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 12/04/2015 and assigned  
Florida document number L13000174810.

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 "LLC."

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 605, 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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.)*  
including 5013C language

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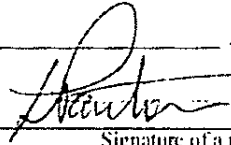
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 12 , 2016



Signature of a member or authorized representative of a member

Lauren Panton

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR -2 AM 8:25