

L13000174810



000282810120

(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:

WROTS FORM

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SOFTWARE FILMS

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16 MAR -2 AM 8:25
STATE ARCHIVES
TALLAHASSEE, FL 32301

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 : *Lyndee*
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, FL

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

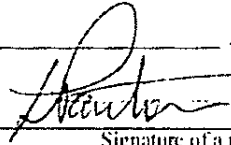
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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

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