

408000117978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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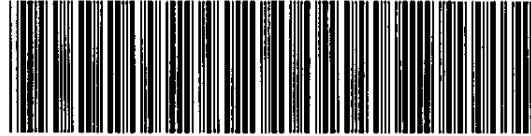
(Business Entity Name)

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MAY 12 2015
J BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

LUIS M. PADRON
135 SAN LORENZO AVE #650
CORAL GABLES, FL 33146

SUBJECT: PADRON & ESTEVEZ-PAZOS, P.L.
Ref. Number: L08000117978

We have received your document for PADRON & ESTEVEZ-PAZOS, P.L. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 915A00008647

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADRON & ESTEVEZ-PAZOS, P.L.
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:

LUIS M. PADRON
Name of Person

PADRON & ESTEVEZ-PAZOS, P.L.
Firm/Company

135 SAN LORENZO AVE #650
Address

CORAL GABLES, FL 33146
City/State and Zip Code

LMPADRON@PADRONLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS M. PADRON at (305) 377-9666
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PADRON & ESTEVEZ-PAZOS, P.L.

(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 12/30/2008 and assigned Florida document number L 08 000117978

This amendment is submitted to amend the following:

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

The PADRON LAW GROUP, P.L.L.C.

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)

135 SAN LORENZO AVE.
SUITE #650
CORAL GABLES, FL.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33146
135 SAN LORENZO AVE
SUITE #650
CORAL GABLES, FL.
33146

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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

4/15/2015, Miami, Florida

Luis M. Padron

Signature of a member or authorized representative of a member

LUIS M. PADRON

Typed or printed name of signee