ECECCOITITE

(Requestor	's Name)			
(Address)				
(Address)	<u> </u>			
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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DEC 28 2011

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SECRETARY OF STATE TALLAHASSEE FLORIDA

COVER LETTER

TO:

Registra

Division of Corporations				
SUBJECT:	THE PADRO	N LAW GROUP, P.L.		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
		LUIS M. PADRON		
		Name of Person		
	THE P	ADRON LAW GROUP, P.L		
		Firm/Company		
	135 SAN L	ORENZO AVENUE, SUITE	E 650	
		Address		
	CORAL	GABLES, FLORIDA 3314	6	
	• ,	City/State and Zip Code	,	
	lmp	adron@padronlaw.com	N	
		to be used for future annual report notif	(ication)	
For further information	n concerning this matter, please	call:		
LU	IS M. PADRON	at (_ 305)	377-9666	
Name	e of Person	Area Code & Daytim	e Telephone Number	
	r 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)	
Regi ' Divi:	LING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	on	
	Box 6327 thassee, FL 32314	Clifton Building 2661 Executive Co Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
Th. 4 (1) CO. 1	ssigned
Florida document number L08000117978	J
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
PADRON & ESTEVEZ-PAZOS, P.L.	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the "L.L.C."	abbrevia
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 hand	of the n
registered agent and/or the new registered office address here:	8
	\ C\ \
Name of New Registered Agent:	27
New Registered Office Address:	32 (
Enter Florida street address	77
Florida B	T

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			Add Remove
			Add Remove
			Add Remove
 			Add Remove
 			Add Remove
			Add
D. If amend	ing any other information, er	nter change(s) here: (Attach additional sheets, if necessar	y.)
. -			
Dated	DOCEMBEN 19th July 1	D. Padroń	
	Signature of LUIS	of a member or authorized representative of a member M. HDHON Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00